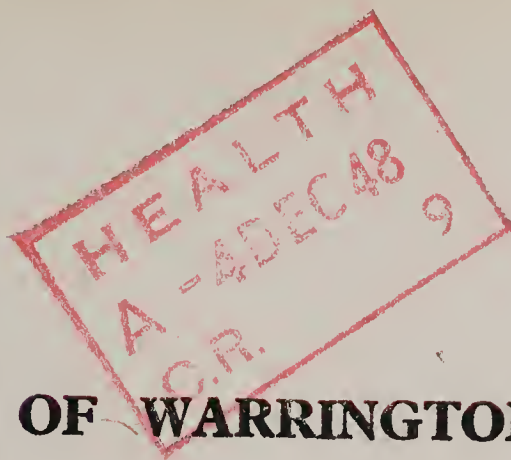


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COUNTY BOROUGH OF WARRINGTON

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

ON THE

SANITARY CONDITION OF WARRINGTON DURING THE YEAR 1947

STUART F. ALLISON,
M.B., Ch.B., D.P.H.

Medical Officer of Health, School Medical Officer, Tuberculosis Officer,
and Medical Superintendent of Corporation Hospitals,
Sanatorium and Maternity Home.



WARRINGTON:
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ERRATA

Page 6. Read '49 infant deaths' instead of 53

Page 32. ORTHOPAEDIC REPORT, 1947

Read 'Pendulous Abd. for 'Pedulous Abd.'

„ 'Sebaceous glands' for 'Sabaceous glands'

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County Borough of Warrington

HEALTH COMMITTEE

Mayor:

Councillor W. L. CHALLINOR

Chairman:

Alderman DAVID PLINSTON, J.P.

Deputy-Chairman:

Councillor Mrs. HARDMAN

Alderman POOLE	Councillor HODGKINSON
Councillor BRANDWOOD	„ LEWIS
„ GRAY	„ PHOENIX
„ W. G. CALDWELL	„ SMITH
„ BOYLE	„ TAYLOR
„ MORRIS	„ GREENWOOD

Maternity and Child Welfare Committee

Blind Persons Act Sub-Committee

All the members of the Health Committee, together with the following Co-opted Members:—

All the members of the Health Committee, together with the following Co-opted Members:—

Miss CLARKE
Mrs. UNSWORTH
Mrs. GIBBINS

Mr. REX FURNESS
Alderman MARSHALL
Mr. Warburton
Mr. O. Percival
Mr. A. Hill
Vacancy

Boarding Out Committee:

(Sect. 98 Public Assistance Order, 1930)

All the Members of the Maternity and Child Welfare Committee together with Mrs. Williams

Town Clerk:

J. P. ASPDEN, Esq.

PUBLIC HEALTH STAFF.

Office Held	Name	Qualifications	Other Offices Held
<i>(a) Medical</i>			
Medical Officer of Health	Stuart F. Allison	M.B., Ch.B., D.P.H.	School Medical Officer, Tuberculosis Officer, Maternity and Child Welfare Officer, Medical Superintendent of Corporation Hospitals.
Deputy Medical Officer	E. H. Moore	B.Sc., M.B., Ch.B., M.R.G.S., L.R.C.P., D.P.H.	Assistant School Medical Officer.
Assistant Medical Officer of Health	Mrs. M. Watson	M.B., B.S. (Lond.)	Do.
Do.	Miss I. M. Simpson	M.B., Ch.B., D.P.H.	Assistant Maternity and Child Welfare Officer.
Do.	A. B. Colohan	M.B., Ch.B., B.A.O.	Assistant Tuberculosis Officer.
Senior Medical Officer, Warrington General Hospital	T. N. Pilsworth	L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.	
Assistant Medical Officer	J. Ferguson	M.B., Ch.B.	
Venereal Diseases Officer	J. G. Coburn	M.B., Ch.B.	Part-time
School Dental Officer	Wm. C. Parr	L.D.S.	
Do.	Mrs. P. Lawton	L.D.S.	
Dental Officer (Warrington General Hospital)	J. Ellis	L.D.S.	
Dermatologist	F. Glyn Hughes	M.D.	Part-time
Throat and Nose Surgeon	W. E. Hunter	M.R.C.S., L.R.C.P.	Part-time
Radiologist	John A. Ross	M.R.C.S. (Eng.)	Part-time
Ophthalmic Surgeon	S. B. Smith	M.R.C.S., L.R.C.P.	Part-time
Orthopædic Surgeon	Harman Taylor	M.B., Ch.B.	Part-time
Consulting Physician	W. S. Sutton	M.B., M.R.C.P.	Part-time
Surgeon	J. Burke Ewing	F.R.C.S.	Part-time
Gynæcologist	Mackintosh Marshall	F.R.C.S.	Part-time
Pathologist	A. E. Carragher	M.B., Ch.B., B.A.O., D.P.H.	Part-time
Public Vaccinator (1)	Dr. G. A. Sinclair	M.B., Ch.B.	Part-time
Public Vaccinator (2)	Dr. W. E. Bowden	M.B., Ch.B.	Part-time
<i>(b) Others</i>			
Veterinary Surgeon (1)	H. H. Ferguson	M.R.C.V.S.	Part-time
Veterinary Surgeon (2)	C. T. Trevers	M.R.C.V.S.	Part-time
Public Analyst	J. D. Sherratt	B.Sc., F.I.C.	Analyst under the Fertilizer and Feeding Stuffs Act.
Chief Sanitary Inspector	H. A. Richardson	Cert. R.S.I. & J.B., Cert R.S.I. (Meat and Foods)	Authorised Officer and Inspector and Official Sampler under various Acts.
Deputy Chief Sanitary Inspector	W. H. Molyneux	Cert. R.S.I., Cert. R.S.I. (Meat and Foods)	Do.
District Sanitary Inspector	E. Barton	Cert. R.S.I., Cert. R.S.I. (Meat and Foods)	Do.
Do.	W. Hunt	Cert. R.S.I. & J.B., Cert. R.S.I. (Meat and Foods)	Do.
Do.	R. L. Winstanley		
Asst. Sanitary Inspector	C. Gibbons		

PUBLIC HEALTH STAFF—continued.

Office Held	Name	Qualifications	Other Offices Held
(b) Others (continued) Vaccination Officer	A. E. Price		Part-time
Matron of Warrington General Hospital	Miss A. L. Simpson	General Trained, S.R.N., S.C.M.	
Matron of Warrington Isolation Hospital	Miss N. Roberts	General Trained, Fever Trained, State Regis- tered T.B. Cert.	
Matron of Warrington Sanatorium (Hefferston Grange)....	Mrs. D. Lee	S.R.N.	
Warrington Maternity Home	Miss A. Summersgill	S.R.N., S.C.M.	
Steward, Warrington General Hospital	H. Lutz....	A.C.C.S., A.H.A.	
Deputy Do.	H. A. Rudd		
Non-Medical Supervisor of Midwives	Miss Addy	S.R.N., C.M.B., Mid- wife Teachers' Cert.	
Superintendent, Health Visitor and School Nurse	Miss Semple	S.R.N., S.R.F.N., S.C.M., Health Visitor's Cert.	
Health Visitor	Miss Knott	C.M.B. Cert., R.S.I. Certificate	
Do.	Miss Sampson	General Training, C.M.B. Certificate	
Health Visitors and School Nurses	Miss Macrea	General Training, S.R.N. Certificate, C.M.B. Certificate, Health Visitor's Cert.	
	Miss Twist		
	Miss Swift		
	Miss Lee		
	Miss Hitchmough		
Tuberculosis Nurse	Miss Firth	S.R.N., T.A. Cert.	
School Nurse	Miss Griffith	General Certificate, Hygiene Certificate (Queen's)	
Clinic Nurse	Miss Cooper	S.R.N., S.C.M., S.R.F.N.	
Do.	Miss Donaghey	S.R.N.	
Dental Attendants	Miss Jackson Miss Brown		
Supervisor of Office Work	W. D. Butterfield	F.C.C.S., A.B.I., A.H.A.	
Clerk	Wm. Lawless		
Do.	Ernest Tarbuck		
Do.	Thomas Barton		
Do./Typist	Miss V. Dwerryhouse		
Do./do.	Miss M. Dwerryhouse		
Do./do.	Miss M. Hughes		
Do.	Mrs. I. Clare		
Do.	Miss M. Morris		
Do.	Miss V. White		
Do./Typist	Miss B. Fogg		
Do./do.	Miss R. Forsyth		
Junior Clerk	Miss S. Davies....		
Clerk	Joseph Acton		
Do.	Miss S. Scarisbrick		
Do.	Miss E. M. Ashworth		
Do./Typist	Vacancy		
			} School Health Service

*To the Chairman and Members of the
Health Committee.*

Gentlemen,

I have the honour to submit the Annual Report on the Health Services and Sanitary Circumstances of the town for the year 1947.

The following statistical data are worthy of note:—

- (1) The estimated increase of population as compared with 1946 is 1,350, giving an estimated civilian population of 77,390.
- (2) The birth rate for 1946 was 21·7, and for 1947 22·7.
- (3) The death rate showed little change, being 11·7 in 1946, and 11·8 in 1947.
- (4) The marriage rate again shows a fall, from 9·4 in 1946 to 4·6 in 1947.
- (5) The infantile mortality rate rose sharply from 57 in 1946 to 85 in 1947.
- (6) The maternal mortality rate fell from 1·7 in 1946 to 1·1 in 1947.

The most important of these statistics is the infantile mortality rate which rose to the high level of 85. This was occasioned by the high incidence of gastro-enteritis in children under one year of age. The disease was widespread throughout the country and assumed a severe form, resulting in many infant deaths. In Warrington there were 53 infant deaths attributed to it in 1947, as compared with 18 in 1946. Sixty-five such cases were removed to and treated in the Isolation Hospital, there being 38 deaths, which is not an unduly high mortality considering the severe nature of the cases. There is no specific remedy for this disease, and it must be treated by good nursing and careful regulation of diet. The cause has not been identified, but is probably due to an unknown virus. It is very highly infectious, and occurs mainly in circumstances where the hygiene of infant feeding is deficient. The disease occurred principally in the first six months of the year and then gradually diminished.

Another notable incidence of infectious disease was that of acute anterior poliomyelitis and polio-encephalitis (infantile paralysis). Twenty-eight notifications were received and 2 deaths recorded. This disease also was widespread throughout the country. It affected all parts of Warrington and no indication of the mode of spread was obtained. Warrington was mainly affected in the months of August and September, after which the disease disappeared from the area.

A medical out-patient clinic was set up at the General Hospital, with a consulting physician in attendance during the year.

The work of the Maternity and Child Welfare Centres continued, the attendances being : children, 20,605, and mothers, 20,185. For their generous contribution to this work I wish to offer my thanks to Mrs. Langdale (hon. secretary) and Miss Clarke (hon. treasurer), and the members of the Mothers' and Babies' Welcome Committee.

In the latter half of the year the proposals of the local authority for carrying out duties under the National Health Service Act were formulated and submitted to the Ministry of Health for approval, and the final approved arrangements are contained in Appendix A to this report.

I wish again to express my indebtedness to the Chairman, Mr. Alderman David Plinston, J.P., and members of the Health Committee for their zealous interest in all matters pertaining to public health, and for their constant support and guidance in all efforts made to improve it. To all the members of the staff of the various sections of the Health Department and the Hospitals, who have, by their diligent and loyal assistance, contributed to the organisation of a better health service, I offer my genuine thanks. I should like to make special mention of the Medical Officers, the Superintendent of Health Visitors, the Non-Medical Supervisor of Midwives, the Chief Sanitary Inspector, and to the Chief of the office staff, also the Steward of the General Hospital, and to thank them individually for the great assistance they have given me.

I must again acknowledge the help so freely and courteously given to this department by other officials of the Corporation, and add my best thanks to them.

I have the honour to be,

Your obedient Servant,

STUART F. ALLISON.

Medical Officer of Health.

VITAL STATISTICS

Area	4532	acres		
Population (Census 1931)	79322			
,, (R.G. 1947, Civilian)	77390			
Number of separate dwellings occupied (1931)	17341			
Number of families or separate occupiers (1931)	18474			
Rateable value (1st April, 1947)	£460565			
	Total	M. F.		
Live births { Legitimate	1659	831 828	} Birth rate 22·7	
{ Illegitimate	101	48 53		
Still births	68	Rate per 1,000 population.....		0·87
Deaths	915	Death rate per 1,000 population.....		11·8
Percentage of total deaths occurring in public institutions				49·8
Number of women dying in, or in consequence of, childbirth		{ from sepsis		—
		{ from other causes		2
Deaths of infants under one year of age per 1,000 live births				85
Legitimate: 140; Illegitimate, 11. Total				151
Deaths from measles (all ages)				3
,, ,, whooping cough (all ages).....				1
,, ,, scarlet fever.....				—
,, ,, diphtheria				—
,, ,, diarrhœa (under 2 years of age)				53
,, ,, influenza				3

POPULATION.—The Registrar-General's estimate for the mid-year 1947 was *77,390 (compared with the 1931 Census figures of 79,322), and last year's estimate of 76,040.

*(Estimated Civilian Population)

BIRTHS.—2,162 births were notified to the Medical Officer of Health in compliance with the provisions of Section 203 of the Public Health Act, 1936.

402 of these births were to parents resident outside the Borough who had taken advantage of the facilities provided at one or other of the Warrington Maternity Homes.

The number of live births to be accredited to Warrington for the year 1947 was 1,760 (879 males, 881 females), compared with 1,657 live births in 1946 (857 males, 800 females);

The birth rate for Warrington per 1,000 population was 22·7 in 1947, compared with 21·7 in 1946, and 20·5 for England and Wales as a whole.

The total number of illegitimate births was 101 (48 males, 53 females), compared with 140 births in 1946.

There were 68 still-births notified in 1947, 67 still-births in 1946.

MARRIAGES.—There were 356 marriages during the year, the rate per 1,000 of population being 4·6. In 1946 there were 716 marriages, giving a rate of 9·4.

DEATHS.—1,110 deaths were registered as occurring in the Borough during 1947. Of these, however, 238 were non-residents. During the same period, 43 deaths have been reported as having occurred outside the district of persons usually resident in Warrington. Adding these (43) and deducting the non-residents, we have a total of 915 deaths accredited to Warrington for 1947, compared with 895 in 1946.

This gives a death rate of 11·8 per 1,000 civilian population during 1947, compared with 11·7 in 1946, and 12·04 in 1945.

The death rate for England and Wales was 12·0; for the 126 County Boroughs and Great Towns, 13·0; and for London, 12·8.

Table comparing the Vital Statistics of Warrington with the average for the county boroughs and for England and Wales as a whole.
(The mortality rates for England and Wales refer to the whole population, but for London and the towns to civilians only.)

	Rate per 1,000 total population		Annual death rate per 1,000 population							Rate per 1,000 live births	
	Live births	Stillbirths	All causes	Typhoid and para-typhoid fevers	Smallpox	Measles	Scarlet fever	Whooping cough	Diphtheria	Diarrhoea and enteritis (under two years)	Total deaths under one year
England and Wales....	20.5	0.50	12.0	—	—	0.01	—	0.02	0.01	5.8	41
126 county boroughs and great towns, including London	23.3	0.62	13.0	—	—	0.02	—	0.03	0.01	8.0	47
148 smaller towns (estimated populations, 25,000–50,000 at census, 1931)	22.2	0.54	11.9	—	—	0.02	—	0.02	0.01	3.7	36
London	22.7	0.49	12.8	—	—	0.01	—	0.02	0.01	4.8	37
Warrington	22.7	0.87	11.8	—	—	0.03	—	0.01	—	30.1	85

The maternal mortality rates for England and Wales are as follows:
per 1,000 total births

Puerperal Sepsis
0.26
Others
0.91
Total
1.17

“
County Borough of Warrington:
per 1,000 total births

—
1.1
1.1

The causes of death in order of frequency are given in the following table:—

					Proportion of deaths	
(1)	Heart Disease	....	....	....	217	23·7%
(2)	Cancer	....	....	....	138	15·0%
(3)	Bronchitis	....	....	....	100	10·9%
(4)	Inter-cranial vascular lesions	....	....	....	81	8·8%
(5)	Diarrhœa and enteritis	....	....	....	53	5·7%
(6)	Pneumonia	....	....	....	44	4·8%
(7)	Tuberculosis	....	....	....	41	4·4%

The most marked increases occurred in the case of heart failure—12 more deaths than in previous year—and diarrhœa and enteritis—35 more.

UNCERTIFIED DEATHS, 1947

The following causes of death were not certified
by a Medical Practitioner

Cause of death as given by Registrar	All ages	Under 1 year	1–5 years	5–15 years	15–25 years	25–65 years	65 and upwards
Heart disease	8	—	—	—	—	—	8
Angina pectoris	2	—	—	—	—	1	1
Broncho-pneumonia	1	—	—	—	—	—	1
Convulsions	1	1	—	—	—	—	—
Coronary thrombosis	3	—	—	—	—	1	2
Cerebral hæmorrhage	1	—	—	—	—	1	—
Totals	16	1	—	—	—	3	12

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF WARRINGTON

CAUSES OF DEATH	Sex	All ages	0-	1-5	5-15	15-45	45-65	65-
ALL CAUSES	M	525	86	9	6	46	140	238
	F	390	65	8	3	34	76	204
1 Typhoid and para-typhoid fevers	M	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....
2 Measles	M	1	....	1	....	....	....	....
	F	2	1	1	....	....	....	....
3 Scarlet fever	M	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....
4 Whooping cough	M	1	....	1	....	....	....	....
	F	....	....	....	....	....	....	....
5 Diphtheria	M	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....
6 Influenza	M	2	1	....	....	....	1	....
	F	1	....	....	....	....	....	1
7 Encephalitis lethargica	M	1	....	1	....	....	....	....
	F	1	....	1	....	....	....	....
8 Cerebro-spinal fever	M	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....
9 Tuberculosis of	M	21	1	....	....	9	9	2
respiratory system	F	13	....	1	....	10	2	....
10 Other tuberculous diseases	M	5	2	....	....	3	....	....
	F	2	2	....	....	....	....	....
11 Syphilis	M	3	....	....	....	1	....	2
	F	....	....	....	....	....	....	....
12 Inter-cranial vascular lesions	M	44	....	....	....	....	11	33
	F	37	....	....	....	....	8	29
13 Cancer, malignant disease	M	75	....	1	....	5	29	40
	F	63	....	....	....	9	24	30
14 Diabetes	M	1	....	....	....	....	1	....
	F	2	....	....	....	....	....	2
15 Cerebral hæmorrhage, etc.	M	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....
16 Heart disease	M	114	....	....	....	7	32	75
	F	103	....	....	....	4	21	78
17 Other circulatory diseases	M	17	2	....	....	....	2	13
	F	11	....	....	....	....	2	9
18 Bronchitis	M	70	3	....	....	1	25	41
	F	30	2	....	....	1	2	25
19 Pneumonia (all forms)	M	22	10	....	....	1	5	6
	F	22	11	1	....	1	2	7
20 Other respiratory diseases	M	9	1	....	....	....	5	3
	F	5	....	....	....	....	3	2
21 Peptic ulcer	M	5	....	....	....	1	4	....
	F	2	....	....	....	....	....	2
22 Diarrhoea, under 2 years	M	28	26	2	....	....	....	....
	F	25	23	2	....	....	....	....
23 Appendicitis	M	2	....	....	1	....	1	....
	F	....	....	....	....	....	....	....
24 Other digestive diseases	M	8	1	....	1	2	1	3
	F	7	1	....	....	....	3	3
25 Acute and chronic nephritis	M	8	....	....	1	2	3	2
	F	9	....	....	....	1	4	4
26 Puerperal sepsis	F	....	....	....	....	....	....	....
27 Other maternal causes	F	2	....	....	....	2	....	....
28 Road traffic accidents	M	4	....	1	1	1	....	1
	F	1	....	....	1	....	....	....
29 Suicide	M	5	....	....	....	2	2	1
	F	2	....	....	....	2	....	....
30 Other violence	M	15	1	1	1	4	4	4
	F	9	2	1	....	1	2	3
31 Premature birth	M	32	32	....	....	....	....	....
32 Congenital malformations, birth injuries and infant diseases	F	22	20	1	....	1	....	....
33 All other causes	M	32	6	1	1	7	5	12
	F	19	3	....	2	2	3	9

INFANT DEATHS DURING THE YEAR 1947 (under 1 year)

	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total deaths under 1 year
Smallpox	-	-	-	-	-	-	-	-	-	-
Chicken pox	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	1	2	3
Scarlet Fever	-	-	-	-	-	-	-	-	-	-
Whooping cough	-	-	-	-	-	-	-	-	-	-
Diphtheria and croup	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-
Tubercular meningitis	-	-	-	-	-	-	-	2	-	2
Abdominal tuberculosis	-	-	-	-	-	-	-	-	-	-
Other T.B. diseases	-	-	-	-	-	-	-	1	1	2
Meningitis (not T.B.)	-	1	-	-	1	-	-	-	-	1
Convulsions	1	-	-	-	1	1	-	-	-	2
Laryngitis	-	-	-	-	-	-	-	-	-	-
Bronchitis	-	-	-	-	-	1	2	2	-	5
Pneumonia (all forms)	1	-	1	1	3	4	7	6	1	21
Diarrhoea and enteritis	-	-	1	4	5	21	16	4	3	49
Gastritis	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-
Rickets	-	-	-	-	-	-	-	-	-	-
Suffocation	-	-	-	-	-	4	-	-	-	4
Injury at birth	-	-	-	-	-	-	-	-	-	-
Violence	-	-	-	-	-	-	-	-	-	-
Congenital malformations	25	3	1	2	31	10	8	1	-	50
Premature birth		-	1	1	11	-	-	-	1	12
Atrophy, debility and marasmus	9	-	-	-	-	-	-	-	-	-
Other causes	36	4	4	8	52	41	33	17	8	151.

ROAD DEATHS, 1947

Fatalities on the highways of this country reach such a large total every year that the problem of prevention has necessarily become very prominent. The following are the figures relative to Warrington:—

	Warrington residents killed in Borough	Warrington residents killed outside Borough
Under 1 year	—	—
1 to 2 years	—	—
2 to 5 years	1	—
5 to 15 years	1	—
15 to 25 years	—	—
25 to 35 years	—	—
35 to 45 years	—	2
45 to 55 years	—	—
55 to 65 years	—	—
65 to 75 years	1	—
	<hr/> 3 <hr/>	<hr/> 2 <hr/>

SUMMARY OF BACTERIOLOGICAL WORK FOR THE YEAR 1947

143 specimens were examined at the Health Department Laboratory, Sankey Street (for various infectious diseases).

21 Pathological specimens were examined at the following laboratories (Liverpool University Laboratory, and the Public Health Laboratory, Manchester).

6305 specimens were examined at the Pathological Laboratory, Warrington General Hospital.

226 bacteriological examinations of samples of milk and foodstuffs at the Public Health Laboratory, Manchester.

DISTRICT MEDICAL SERVICES

No. of patients attended:—

Period ending 31st March, 1947	....	....	601
30th June	....	....	634
30th September	....	....	589
31st December	....	....	654
Payment to doctors for service	....	....	£622 17s. 11d.
Payment to chemists for dispensing	....	....	£1018 10s. 11d.
Surgical appliances	....	....	£98 12s. 10d.
Administrative expenses—			
(a) Printing and stationery	....	....	£53 17s. 5d.
(b) Payment to Pricing Bureau for pricing prescriptions	....	....	£21 0s. 0d.
No. of doctors on panel, 31st December, 1947			22

HOSPITALS

List of the hospitals and number of beds provided and cases admitted during 1947:—

	<i>Cases Admitted</i>
(i) Warrington Infirmary (217 beds)	3394
(ii) Warrington General Hospital (340 beds)	5560
(iii) Warrington Isolation Hospital (94 beds)	361
(iv) Warrington Sanatorium, Hefferston Grange (82 beds)	119
(v) Warrington Maternity Home (20 beds)	552
(vi) Warrington Smallpox Hospital (22 beds)	1
(vii) Whitecross Institution (mental cases)	81

OUT-PATIENT CLINICS—CASES TREATED DURING 1947

	<i>Cases attended</i>
Warrington Infirmary	20643
(Includes orthopædic cases and accident and emergency cases.)	
Warrington General Hospital	19837
(Includes orthopædic cases, ante-natal and post-natal cases, dental cases, eye cases, and persons attending at daily session for X-ray.)	
Ante-Natal Clinics—Number of attendances at the:	
Health Office	5560
Warrington Maternity Home	552
Post-Natal Clinics....	809
Tuberculosis Dispensary (attendances for examination, etc.)	1516
Venereal Disease Clinics:—	
Number of attendances for attention of the Medical Officer	4517
Number of attendances for intermediate treatment	96

VENEREAL DISEASES

A clinic for the diagnosis and treatment of venereal diseases is held twice weekly in the Out-patient Department of the General Hospital.

During the year 4,613 attendances of patients were made for advice and/or treatment.

There were 342 new patients interviewed, of whom 99 were found to be suffering from syphilis and 81 from gonorrhœa. The distribution of these new cases according to area of residence is shown in the following table:—

	County Borough of Warrington	County of Lancashire	County of Cheshire	Total
Syphilis	46	44	9	99
Soft chancre	Nil	Nil	Nil	Nil
Gonorrhœa	50	19	12	81
Non-venereal	92	51	19	162
Total	188	114	40	342

In the clinic 21 specimens were examined for syphilis and 611 for gonorrhœa. 592 specimens for syphilis and 201 specimens for gonorrhœa were sent to the Liverpool Public Health Laboratory for examination, together with 12 specimens of cerebro-spinal fluid.

Every effort is made to trace the sources of infection by careful questioning of the patient. Reliance was placed on persuasive methods to induce contacts to seek examination. A patient is advised to induce his consort to attend for examination, and if this fails, in suitable cases a letter is sent to the consort requesting him or her to call on the Medical Officer of Health, when advice is given on the desirability of an examination. A satisfactory response has resulted, especially by the direct approach of the patient to the consort, in most cases where the contact is known he or she attending for examination.

INFECTIOUS DISEASES

The number of cases of notifiable infectious diseases and the deaths therefrom, together with the numbers treated at Warrington Isolation Hospital are given on pages 38 and 16.

The principal infectious diseases of the year were acute anterior poliomyelitis, polio-encephalitis and gastro-enteritis.

Twenty-eight cases of poliomyelitis and polio-encephalitis were notified, mainly in August and early September. Of these, 25 were treated in Aikin Street Isolation Hospital. Six of the cases admitted to hospital were predominantly cerebral infections, one of which proved fatal, and 19 cases were principally spinal infections, one being fatal. Most of the cases were mild or moderate infections, only 3 being classified as severe, and of the 25 cases treated in hospital only 6 required subsequent orthopædic treatment. The cases were mainly in children between the ages of 2 years and 7 years, the oldest patients being aged 16 years.

Two brothers were admitted and diagnosed as polio-encephalitis, but no connection could be established between the other cases. The disease was evenly distributed throughout the area of the county borough, and no indication of the mode of propagation could be established. The homes were visited by the Chief Sanitary Inspector, and it was notable that in almost every case the home conditions were good and the patients well nourished and cared for.

The rise in the infantile mortality rate is due to the high incidence of gastro-enteritis which caused the death of 49 children under 1 year of age. Gastro-enteritis was widespread throughout the first half of the year and assumed a very severe form with a high mortality rate. In the second half of the year there was a decline in the number of cases and also in the severity. No cause has been established for the disease, but it is highly infectious and frequently followed on disorders of feeding.

TABLE SHOWING NUMBER OF CHILDREN IMMUNISED IN AGE GROUPS

Ages	1943	1944	1945	1946	1947	
O	112	20	2	17	15	Total inoculated aged under 5 years of 31st December, 1947:— 4,617
1 year	434	675	444	476	480	
2 years	154	174	178	112	84	
3 „	111	166	88	30	30	
4 „	83	148	35	14	17	
5 „	469	109	72	23	3	Total inoculated aged 5–14 years on 31st December, 1947:— 2,428
6 „	224	67	86	39	218	
7 „	106	49	42	16	246	
8 „	149	47	13	9	139	
9 „	114	48	22	2	5	
10 „	127	18	10	4	—	Total inoculated aged 15 years and over on 31st December, 1947 54
11 „	134	25	9	3	—	
12 „	92	31	14	1	—	
13 „	91	31	13	2	—	
14 „	22	19	4	1	—	
15 and over	15	17	—	—	—	
Total each year	2437	1644	1032	749	1237	

I am very grateful to the head teachers for their assistance in getting the written consent of the parents. The health visitors and school nurses greatly assist by persuading the parents to have their children immunised.

There were 91 deaths from notifiable diseases in 1947, compared with 94 in 1946.

Causes:—

Measles ....	....	3	Pulmonary tuberculosis	34
Whooping cough ....	....	1	Other forms of tuberculosis	7
Pneumonia ....	....	44		
Poliomyelitis ....	....	2	Total	91

TUBERCULOSIS

Number of Cases in the Borough

To our knowledge the number of persons suffering from tuberculosis resident in Warrington at the end of 1947 was 320, divided as follows:—

		Males	Females	Total
Pulmonary ....	....	160	94	254
Non-pulmonary ....	....	30	36	66
		190	130	320

75 new cases of tuberculosis were notified during 1947 as against 65 in 1946.

Of the 75 new cases, 63 were pulmonary tuberculosis and 12 non-pulmonary tuberculosis.

52 cases of tuberculosis resident in Warrington were treated in the Warrington Sanatorium, and 28 cases in the Warrington General Hospital during the year.

NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS ON THE 31st DECEMBER, 1947, IN INSTITUTIONS BELONGING TO THE COUNCIL

Name of Institution	For Pulmonary cases		For Non-pulmonary cases		Total
	Adults	Children	Adults	Children	
Warrington Sanatorium, Weaverham	76 plus 80 E.M.S.	Nil	Nil	Nil	156
Warrington General Hospital	8	Nil	12	12	32

“Number of beds available” means the total number of beds in the institution used for the purpose, whether they are all occupied or not, and whether they are occupied by patients from the area of the authority, or are leased to or used by other authorities.

Four male beds in the Warrington Sanatorium are not in use, owing to the ward being used as a dining room.

Notifications

A summary of the 64 notifications under the different ages and sexes is given in the following table, during the period from the 1st January, 1947, to the 31st December, 1947:—

Age periods	FORMAL NOTIFICATIONS											
	No. of Primary Notifications of new cases of Tuberculosis											
	0–	1–	5–	10–	15–	20–	25–	35–	45–	55–	65–	Total (all ages)
Pulmonary Males	1	–	2	1	4	2	4	4	9	5	1	33
Pulmonary Females	–	1	–	2	8	5	4	3	–	–	–	23
Non-pulmonary Males	1	1	1	–	–	–	–	1	–	–	–	4
Non-pulmonary Females.....	1	–	1	1	–	–	1	–	–	–	–	4
Total	3	2	4	4	12	7	9	8	9	5	1	64

SUPPLEMENTAL RETURN

New cases of tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

Age Periods	0–	1–	5–	10–	15–	20–	25–	35–	45–	55–	65–	Total
Pulmonary Males	–	–	1	–	–	–	2	–	1	–	–	4
Pulmonary Females	–	–	–	–	–	1	4	–	–	–	–	5
Non-pulmonary Males	–	1	–	–	–	–	1	1	–	–	–	3
Non-pulmonary Females.....	1	–	–	1	–	1	–	–	–	–	–	3

43 of these notifications were new cases coming to the Tuberculosis Officer before notification, for his opinion as to diagnosis:—

Referred by private practitioners	....	....	....	....	27
Seen at or referred from the Warrington General Hospital	....				9
Seen at or referred from the Warrington Infirmary		....			3
Cases coming to Tuberculosis Officer as contacts	....	....			3
Referred by Ministry of Labour	....	....	....	....	1

The source of the 64 primary notifications was as follows:—

T.O. notified	....	....	....	....	23
Private practitioners	....	....	....	....	21
Warrington Infirmary	....	....	....	....	4
Warrington General Hospital	....	....	....	....	11
Other hospitals	....	....	....	....	3
Military authorities....	....	....	....	....	2
					<hr/> 64 <hr/>

Deaths

The number of persons certified as having died from tuberculosis during 1947 was 41 (34 pulmonary and 7 other forms). Details set out in table below:—

DEATHS DURING 1947, DIVIDED INTO AGE PERIODS

Age Periods Years					Pulmonary		Non-pulmonary	
					Male	Female	Male	Female
0	....	....	....	....	1	—	1	2
1	....	....	....	....	—	—	1	1
5	....	....	....	....	—	—	—	—
15	....	....	....	....	4	1	—	—
25	....	....	....	....	4	6	—	—
35	....	....	....	....	3	1	2	—
45	....	....	....	....	7	2	—	—
55	....	....	....	....	3	—	—	—
65 and upwards	....	....	....	....	2	—	—	—
Totals					24	10	4	3

16 of the 34 pulmonary deaths died in institutions.

14 of the 34 pulmonary deaths died at home, having previously received institutional treatment.

4 had not received any institutional treatment.

The 7 non-pulmonary deaths took place in institutions.

SUPERVISION

Dispensary

The following table gives the number of examinations carried out during 1947 :—

	PULMONARY								NON-PULMONARY								Total No. of patients	Total No. of atten- dances	
	Adults				Children				Adults				Children						
	M.	exams.	F.	exams.	M.	exams.	F.	exams.	M.	exams.	F.	exams.	M.	exams.	F.	exams.			
New query cases	117	170	109	132	13	23	16	35	—	—	—	—	—	—	—	—	—	255	360
New definite cases	33	77	24	52	4	10	2	7	2	4	2	3	4	5	4	5	5	75	163
Contact cases 	15	17	55	76	32	54	28	44	—	—	—	—	—	—	—	—	—	130	191
Old query cases	18	33	14	23	5	8	4	6	—	—	—	—	—	—	—	—	—	41	70
Old definite cases	125	430	71	211	1	2	1	7	11	18	12	25	9	13	8	14	14	263	720
Totals 	308	727	273	494	55	97	51	99	13	22	19	28	13	18	12	19	19	744	1504

In addition to these attendances for examination, there were 1,103 for interviews, etc., making a total of 2,619.

Evening sessions were held weekly throughout the year for the benefit of persons who are at work during the day.

Number of cases X-rayed at the Warrington General Hospital, in connection with the Dispensary, was 737 adults, and 132 children.

Visits paid to homes by the Tuberculosis Inspector for the purpose of making enquiries and giving advice, etc., was 1,110.

The Clinical Tuberculosis Officer visited 55 homes for the purpose of examining patients too ill to attend the Dispensary.

97 specimens of sputum were submitted for examination.

Ex-Service Cases

103-ex-service cases (102 males and 1 female) have been notified since the beginning of the war up to December, 1947. Of these 103, 23 have died, 47 are working, 10 are not fit for work, 11 are still in sanatorium, 12 left the town.

47 of these 103 receive a pension. 119 certificates were sent to the Ministry of Pensions during 1947.

Of the 23 deaths, 9 died in sanatorium, 4 in the Warrington General Hospital, and 10 at home.

Year of Notification	Pulmonary	Non-pulmonary	Total
1939	2	—	2
1940	6	—	6
1941	8	—	8
1942	11	2	13
1943	15	2	17
1944	13	5	18
1945	11	1	12
1946	17	1	18
1947	9	—	9
Total	<hr/> 92 <hr/>	<hr/> 11 <hr/>	<hr/> 103 <hr/>

RETURN FOR THE YEAR 1947

Diagnosis	Pulmonary				Non-pulmonary				Total				Grand Total	
	Adults		Children		Adults		Children		Adults		Children			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
No. of definite cases on register 1/1/47	157	93	2	1	18	34	15	15	175	127	17	16	335	
No. of inward transfers	2	5	2	—	1	1	1	1	3	6	3	1	13	
No. of old cases returned	1	—	—	—	—	—	—	—	1	—	—	—	1	
NEW CASES														
Class T.B. minus	18	16	2	2	—	—	—	—	18	16	2	2	38	
Class T.B. plus	14	5	2	—	—	—	—	—	14	5	2	—	21	
Non-pulmonary	—	—	—	—	1	1	3	3	1	1	3	3	8	
CASES WRITTEN OF														
Recovered cases	3	5	1	—	2	7	1	6	5	12	2	6	25	
Dead (all causes)	23	13	1	—	—	—	2	1	23	13	3	1	40	
Outward transfers	5	4	1	—	1	1	—	—	6	5	1	—	12	
Removed for other reasons	6	6	—	—	3	4	—	—	9	10	—	—	19	
No. of definite cases on register 31/12/47	155	91	5	3	14	24	16	12	169	115	21	15	320	
Diagnosis not completed	24	21	2	7	—	—	—	—	24	21	2	7	54	
Total on dispensary register	179	112	7	10	14	24	16	12	193	136	23	22	374	

THE WARRINGTON SANATORIUM

The number of available beds was 76, plus an average of 6 E.M.S. beds.

The number of patients admitted was 119, the daily average of beds occupied being 76·221.

The following table gives the number of admissions, discharges, etc., for the year 1947:—

No. of patients in Sanatorium 1st January, 1947	....	....	....	71
„ „ „ admitted during the year — (52 Warrington and 67 County and County Borough cases)	....	....	....	119
„ „ „ discharged during the year — (40 Warrington and 57 County and County Borough cases)	....	....	....	97
„ „ „ who died — (7 Warrington and 6 County and County Borough cases)	....	....	....	13
„ „ „ treated — (84 Warrington and 106 County and County Borough cases)	....	....	....	190
„ „ „ remaining in Sanatorium 31st December, 1947....	....	....	....	80
Daily average number of beds occupied	....	....	....	76·221
Average length of stay of patients discharged:				
Males	....	....	....	229·175 days
Females	....	....	....	243·95 „
Average length of time in Sanatorium of fatal cases:				
Males	....	....	....	145·85 „
Females	....	....	....	309·83 „

CONDITION ON DISCHARGE

Classification	Qui- cent	Im- proved	N.M.I.	Died	Trans- ferred	Total
T.B. Minus	1	28	4	3	1	37
T.B. Plus I	1	7	4	2	—	14
T.B. Plus II	—	35	11	4	1	51
T.B. Plus III	—	—	2	4	—	6
Not tuberculous	—	2	—	—	—	2
Totals	2	72	21	13	2	110

1 case transferred to Baguley Sanatorium for operative treatment.

1 case transferred to Papworth Village Settlement, Cambridge.

WARRINGTON CASES—CONDITION ON DISCHARGE

Classification	Qui- cent	Im- proved	N.M.I.	Died	Trans- ferred	Total
T.B. Minus	—	16	3	2	—	21
T.B. Plus I	1	2	1	1	—	5
T.B. Plus II	—	12	2	1	1	16
T.B. Plus III	—	—	—	3	—	3
Not tuberculous	—	2	—	—	—	2
Totals	1	32	6	7	1	47

COUNTY AND COUNTY BOROUGH CASES— CONDITION ON DISCHARGE

Classification	Qui- cent	Im- proved	N.M.I.	Died	Trans- ferred	Total
T.B. Minus	1	12	1	1	1	16
T.B. Plus I	—	5	3	1	—	9
T.B. Plus II	—	23	9	3	—	35
T.B. Plus III	—	—	2	1	—	3
Not tuberculous	—	—	—	—	—	—
Totals	1	40	15	6	1	63

Dental Cases

The number of in-patients of the Sanatorium treated at the Warrington General Hospital Dental Clinic during 1947 was 18, as compared with 35 in the year 1946.

THE WARRINGTON GENERAL HOSPITAL

	Pulmonary cases		Non- pulmonary cases		Observation cases		Total
	M.	F.	M.	F.	M.	F.	
In hospital on 1/1/47	3	1	—	—	1	—	5
Admitted during 1947	20	8	6	4	5	5	48
Discharged during 1947	14	5	4	4	5	4	36
Died during 1947	6	2	2	—	—	—	10
Remaining in hospital on 31/12/47	3	2	—	—	1	1	7

CONDITION ON DISCHARGE

Classification	Quiescent	Improved	N.M.I.	Died	Transferred	Total
T.B. Minus	—	5	—	2	4	11
T.B. Plus I	—	—	—	—	1	1
T.B. Plus II	—	3	1	2	—	6
T.B. Plus III	—	1	1	4	3	9
Obs.—Not tuberculous	—	4	—	—	1	5
Observation	—	1	—	—	3	4
Non-pulmonary	—	7	—	2	1	10
Totals	—	21	2	10	13	46

WARRINGTON GENERAL HOSPITAL AND INFIRMARY

8 Sanatorium patients (7 males, 1 female) were referred to specialists at the above hospitals.

6 skin cases are attending the Out-patient Department of the Infirmary.

PATIENTS IN OTHER HOSPITALS

	Male	Female
The Robert Jones and Agnes Hunt Orthopædic Hospital	1	—
Leasowe Open-air Hospital	4	2
Wrightington Hospital	1	—
Out-patients attending Manchester hospitals	2	—

TUBERCULOSIS GRANT SCHEME (Memo 266/T)

Under the above scheme 28 applications were received for grants during 1947. 25 of these were agreed to and 3 were refused.

A total sum of £1,327 9s. 4d. was paid to 39 recipients during the year. The average weekly expenditure for 1947 amounted to £25 10s. 6d., compared with £25 12s. 4d. in 1946.

DETAILS OF EXPENDITURE, 1947

Domiciliary allowances	£945 12 9
Institutional „	267 13 7
Fuel „	36 3 0
Discretionary „	55 6 0
Special „	22 14 0
Total	£1327 9 4

AMBULANCE SERVICE

The following is the total number of calls made on the Ambulance Service during the year:—

			Day	Night	Total
Accidents	....	....	306	58	364
Sickness	....	....	1792	140	1932
Maternity	....	....	178	172	350
Hospital transfer	....	....	1023	18	1041
Deceased	....	....	32	3	35
Infectious diseases	....	....	296	5	301
False calls	....	....	—	3	3
Totals	....	....	3627	399	4026

WELFARE OF THE DEAF AND DUMB

There are 54 cases on the register of the Warrington and District Deaf and Dumb Society. The Institute for the Deaf is at 13, Wilson Patten Street.

There are 32 males and 22 females, 33 of whom are working. 7 of the females are employed at work outside their homes, and the remainder are carrying out home duties. No trainees in schools at present.

WELFARE OF THE BLIND

Prevention of Blindness

9 children attended the partially sighted class at Evelyn Street School. The children are examined at least once each quarter by Dr. S. B. Smith, eye specialist. The Warrington and District Society for the Blind co-operate with the Health Department in assisting persons with defective vision with a view to preventing total blindness.

Certification of Blindness

Number of persons on the register December 31st, 1947	....	170
„ „ „ admitted to the register during year	....	7
„ „ removals into the area during the year	....	3
„ „ „ out of the area during the year	....	4
„ „ deaths during the year	....	9
„ „ cases decertified during the year	....	2

MATERNITY AND CHILD WELFARE

SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1947

2162 births were notified to the Medical Officer of Health of children born in Warrington, to comply with the provisions of the Public Health Act, 1936, against 2,118 in 1946 and 1,901 in 1945.

1,760 of the notified births were of living children born to persons resident in Warrington.

12,746 visits were paid by the health visitors to the homes of children under 5 years of age, and nursing and expectant mothers.

71 visits were made to the homes of boarded-out children.

398 visits were made to the homes of registered minders.

533 visits were made to the homes of illegitimate children.

1,752 mothers attended at the Ante-natal Clinics (5,560 attendances) and 107 at the Post-natal Clinic.

6,474 attendances were also paid at the Warrington General Hospital Ante-natal Clinic and Post-natal Clinics.

*1,332 maternity cases were admitted during the year:—

Warrington General Hospital	....	780
Warrington Maternity Home	....	552

913 maternity cases were attended in their own homes.

20,185 attendances by mothers were paid to the five consultation centres.

15,130 attendances of infants and 5,475 attendances of children 1–5 years were made at the consultation centres.

2 maternal deaths in 1947 (puerperal sepsis, 0; other causes, 2)—in the year 1946—3 deaths, and in 1945—3 deaths.

151 deaths of infants (under 1 year) in 1947 (96 infant deaths in 1946, and 103 infant deaths in 1945).

Infantile mortality rate per 1,000 births, 85 in 1947 (57 in 1946, and 72 in 1945).

18 deaths of children between ages 1 to 5 in 1947 (18 deaths in 1946, and 11 deaths in 1945).

258 children examined at the consultation centre by the Medical Officer were found to have defects requiring attention.

* This figure includes cases from other areas which were treated in our Hospitals.

131 children under 5 years of age were treated at the Orthopædic Clinic; 193 in 1946, 131 in 1945.

821 children were successfully vaccinated during the year.

Work done by the Midwives' Section

- (a) The Supervision of Midwives under the 1936 Midwives Act.
- (b) Domiciliary Midwifery, including the provision of Municipal Midwifery Service under the 1936 Midwives Act.

Staff

- (a) 1 Non-Medical Supervisor of Midwives.
- (b) 6 Municipal Midwives.

The Non-Medical Supervisor of Midwives interviews the municipal midwives at the Health Office daily.

Notification of Births

	Live Births	Stillbirths
Cases taken by midwives	872	27
Births in Warrington General Hospital	709	48
Births in Warrington Maternity Home	437	8
	<hr/> 2018 <hr/>	<hr/> 83 <hr/>

Total number of live and still births, 2,101.

Notification of Intention to Practice

40 midwives gave notice of their intention to practice within the Borough during 1947. Of these, 12 were in domiciliary practice and 28 in institutions. Of the 12 who notified their intention to practise in domiciliary practice, 2 resided outside the Borough. One of these midwives did no cases.

913 births took place in domiciliary practice; this is 42% of the total births in the Borough.

Midwifery Training

Five midwives have been approved as district teachers for the Part II Training for the Central Midwives' Board Certificate. This is an increase of two during the year.

The training is carried out in conjunction with the Warrington General Hospital, the pupil spending three months in the hospital on internal midwifery and three months on the district doing domiciliary midwifery. The necessary lectures are given by the Deputy Medical Officer of Health and the Non-Medical Supervisor of Midwives. The pupils attend domiciliary births, ante-natal and post-natal clinics, infant welfare clinics and V.D. clinics.

Ten pupils are in training at one time. 25 pupils have obtained the Part II Certificate of the Central Midwives' Board during 1947.

Training in Gas and Air Analgesia*

All municipal midwives have obtained the certificate for the administration of gas and air analgesia.

During 1947, 213 mothers on the district had gas and air analgesia during labour.

Records for Calling in Medical Assistance

249 received for calling medical assistance. Of these, 5.73% were for assistance during the ante-natal period, 40.95% for delay or difficulty during labour, 33.2% ruptured perenium, 15.57% unsatisfactory condition of the baby, 4.5% unsatisfactory condition of the mother during the puerperium.

Care of Premature Infants

The birth weight of all babies is recorded on the birth card. All babies who weigh under 5½lb. at birth are regarded as premature.

The premature babies born in the district are visited by the Non-Medical Supervisor of Midwives and advice on feeding and general care is given. If the home nursing is not considered satisfactory, hospital treatment is offered for the baby.

Midwives are encouraged to attend premature babies until they are gaining weight and making satisfactory progress. The babies are then transferred to the care of the health visitor.

A premature baby ward is available at the Warrington General Hospital, and a specially prepared cot is provided for the transfer of the premature baby from the home to the hospital, this facilitates the minimum of disturbance, a cot being conveyed to the hospital either by ambulance or private care under the supervision of a qualified nurse.

Maternal Deaths

Two deaths from childbirth occurred during 1947. The causes of death were as follows:—

*1 Post-partum Cardiac failure, albuminiuria,

*1 Anæmia and pre-eclamptic toxæmia.

Puerperal Pyrexia

20 cases of puerperal pyrexia were notified:—

3 from Warrington Maternity Home;

14 from Warrington General Hospital;

3 occurred in domiciliary practice.

20

Visits paid by Municipal Midwives

6081 nursing visits were paid by the municipal midwives to the mothers during the lying-in period.

2128 ante-natal visits were paid to the parent in their own homes.

460 post-natal visits were paid between the 14th day and the end of the sixth week.

Home Help Service

The Home Help Service has been maintained. A mother who is being confined at home and requires the service of a home help makes application to the midwife, who informs the Supervisor of Midwives.

After the confinement, the home help attends the home and is responsible for the household duties, including the care of the children, preparation of meals, shopping, etc., for 14 days.

Mothers have expressed their appreciation of this service.

18 applications for the services of a home help have been granted during 1947.

Maternity Outfits

Sterilized maternity outfits are provided for domiciliary practice. These are obtainable at cost price from the Health Office, and are much appreciated by the mothers.

MATERNITY AND CHILD WELFARE CLINIC, 1947

I am indebted to Mr. Harman Taylor for the following information:—

This year has been noteworthy because of the incidence of infantile paralysis which has attacked the children of this country. Fortunately here, in Warrington, the number of cases has not been great, namely two males and four females. These infants are now being treated for paralysis of one or other limbs, and one is glad to report that there are definite signs of improvement taking place. The children come here each week for adjustment of splints, heliotherapy and remedial exercises.

I can state here that the types of paralysis these little patients are suffering from are not as severe as noted in previous years, so that although more children have been attacked by the disease, the paralysis is not so crippling. This is all to the good.

*These figures do not include 5 deaths of women whose home address was outside the Borough.

As in previous years, the majority of cases referred to the clinic consist of cases of early rickets, showing slight degrees of bow legs or knock knees. A three-months course of heliotherapy rectifies these deformities, and so the children become quite normal.

It is difficult to account for these cases occurring, as through the agencies of various schemes, the children are assured of sufficient food. Lack of sunshine and fresh air, we know, are factors in the production of this malady. Perhaps the housing difficulty may have a bearing on this, as inadequate ventilation and overcrowded conditions which, unfortunately, is a national problem, largely accounts for the condition. It would appear that a solution to the problem lies in better houses and better surroundings. However, the disability disappears with the treatment given at the clinic, and so the children are not handicapped by this affection.

HARMAN TAYLOR.

SURGICAL TUBERCULOSIS CLINIC, 1947

This year has been marked by a decrease in the incidence of tuberculosis as affecting bones and joints. There has been only one new case referred to the Clinic. This, indeed, is a remarkable fact, and it is the lowest number that I can recollect during the past 24 years' work in connection with this scheme.

At the beginning of the year, there were 10 cases under the supervision of the Clinic. By the end of the year, it was possible to discharge 4 of these cases as being quite cured. This left only 6 cases requiring further supervision. It is of interest to know that all these patients who have come under the care of the Clinic have had the best available treatment. The disabilities have been so successfully treated by the application of plaster of paris, splints and heliotherapy that they have been rendered useful citizens, in that not only have they regained their normal sense of well-being, but they have been able to take up ordinary work in life. That is to say, their disabilities have not necessitated any special type of occupations. It is highly satisfactory that they have become normal citizens.

It will be noted that all these cases have been treated here in Warrington. Years ago, a school of thought was prevalent that joint tuberculosis required treatment at special hospitals where there was supposed to be "better" air. The fact that our cases have done so well here in Warrington rather tends to show that perhaps there was an over-exaggeration of the need to transfer to special hospitals. What is essential, is that there are facilities and a staff so trained as to deal with this type of case, and these we have at Warrington! Joint tuberculosis is supposed to be contracted by children drinking milk infected with the tubercular germ, and as the number is so small, the improvement must be attributed to the better type of milk supplied to the children during the past year.

ORTHOPÆDIC CLINIC, 1947

	M.	F.	Total
Under one year	19	14	33
Children 1 year to 5 years	61	37	98

ORTHOPÆDIC REPORT, 1947

MALES	No. of cases	Treated	Still under treatment	Operation	Cured
C.D.H.	2	2	2	2	—
Knock knee	13	13	4	6	9
Bow legs	15	15	7	5	10
Rickets (early)	11	11	4	—	7
Chest deformities	2	2	2	—	—
Cervical glands	4	4	2	—	2
Sabaceous glands	—	—	—	—	—
Pneu. and T.B. spine	2	2	—	—	2
Post meningitis	1	1	—	—	1
Flat feet & foot deformities	26	26	10	—	16
Pedulous abd.	—	—	—	—	—
Anterior poliomyelitis	3	3	2	—	1
Torticollis	1	1	—	—	1
Frac. of limb (simple)	—	—	—	—	—
FEMALES					
Vaso. motor disturbance	1	—	—	—	1
Knock knee	11	11	4	—	7
Bow legs	12	12	7	8	5
Rickets	6	6	—	—	—
Chest deformities	—	—	—	—	—
Cervical glands	2	2	—	—	2
Sabaceous glands	1	1	—	—	1
Flat feet & foot deformities	12	12	4	—	8
Pendulous abd.	—	—	—	—	—
Anterior poliomyelitis	2	2	2	—	—
Torticollis	2	2	—	2	2
C.D.H.	—	—	—	—	—
Frac. of limb	—	—	—	—	—
Cont. fingers	2	2	1	1	1
Old hemiplegia	—	—	—	—	—

DEFECTS REFERRED FOR TREATMENT FROM I.W. CENTRES, 1947

Dental....	60	Scabies	2
Ear, nose and throat	35	Threadworms....	—
Eyes	11	Phimosis	74
Glands of neck	—	Hernia	4
Marasmus	—	Nævus	4
Debility	—	T.B. Dispensary	—
Orthopædic	46	Admitted to hospital	3
U.V.R.	—	Miscellaneous....	14
Skin defects	5		

MATERNITY AND CHILD WELFARE

The Corporation has arranged for clinics to be held at the times and places set out below.

A medical officer and nursing staff are in attendance, and advice can be obtained by mothers on subjects relating to the health of themselves and babies.

Ante-Natal Clinics

Health Department, Sankey Street:

Monday afternoon	....	2.30 to 4 p.m.
Tuesday morning	....	9.30 a.m. to 11 a.m.
Thursday	„	„
Friday	„	Post-natal, 2 p.m.

Maternity Home, Victoria Park:

Monday morning	....	9.30 a.m.
Wednesday	„	„

Consultation Centres for Mothers and Children up to 5 years of age

Thewlis Street Schools	....	Monday	2 p.m.
Folly Lane Adult School	....	Tuesday	„
Ashton Hall	....	Wednesday	„
Wash Lane School	....	Thursday	„
Parochial Hall, Lindley Avenue	....	Friday	„

Present Staff

- 1 Superintendent of Health Visitors and School Nurses.
- 2 full-time Health Visitors.
- 5 combined duties, Health Visitor-School Nurse.
- 2 Clinic Nurses.

SUMMARY OF WORK OF THE HEALTH VISITORS DURING 1947

Particulars of the work amongst infants, is largely based upon information received under the Notifications of Births Act.

One of the main functions of the Health Visitor is to supervise carefully the health of the children under her care, and to draw the attention of parents to any departure from the normal, at the same time placing before them the facilities available for treating any defect found.

The health visitors do not in any way attempt to diagnose the condition, but simply refer any abnormality to the doctor.

Number of Visits and Attendances at Clinics by Health Visitors

First visits to infants	....	....	....	....	....	....	....	1753
Total visits to infants	....	....	....	....	....	....	....	5439
Infant death inquiries	....	....	....	....	....	....	....	113
Visits to children aged 1-5 years	....	....	....	....	....	....	....	6996
Inquiries into deaths, 1-5 years	....	....	....	....	....	....	....	3
Visits to expectant mothers	....	....	....	....	....	....	....	311
Stillbirths visits	....	....	....	....	....	....	....	58
Visits to boarded-out children	....	....	....	....	....	....	....	71
Registered daily-minded children	....	....	....	....	....	....	....	398
Visits to measles cases	....	....	....	....	....	....	....	302
Visits to whooping cough cases	....	....	....	....	....	....	....	25
Visits to other infectious diseases cases	....	....	....	....	....	....	....	23
Infant consultation centres	....	....	....	....	....	....	....	474
Ante-natal clinics	....	....	....	....	....	....	....	219
Infant E.N.T. cases (clinics 9)	....	....	....	....	....	....	....	49
Visits to illegitimate cases	....	....	....	....	....	....	....	533
Special visits	....	....	....	....	....	....	....	338

Summary of Notification of Births received by Health Visitors

Notifications received from midwives	....	....	....	....	....	....	....	913
„ „ „ Maternity Home	....	....	....	....	....	....	....	445
„ „ „ Warrington General Hospital	....	....	....	....	....	....	....	709
„ „ stillbirths	....	....	....	....	....	....	....	87
„ doctors engaged	....	....	....	....	....	....	....	113
„ „ called in	....	....	....	....	....	....	....	153

Inquiries into Deaths of Infants and Children up to 5 years of age

Total number under 12 months: 151.

Died from pneumonia	....	....	....	....	....	....	....	30
„ „ bronchitis	....	....	....	....	....	....	....	3
„ „ diarrhoea, enteritis, gastritis	....	....	....	....	....	....	....	45
„ „ premature birth	....	....	....	....	....	....	....	19
„ „ debility and marasmus	....	....	....	....	....	....	....	8
„ „ other causes	....	....	....	....	....	....	....	46
								<hr/> 151 <hr/>

Total number of children 1-5 years: 18.

Died from pneumonia	....	....	....	....	....	....	....	4
„ „ meningitis	....	....	....	....	....	....	....	—
„ „ other causes	....	....	....	....	....	....	....	14
								<hr/> 18 <hr/>

Summary of Child Welfare Centres

Infant Welfare Centre	Attendances at					
	Consultation Centres				Medical Consultations	
	Mothers attending	Infants attending	Children 1-5 years	Infants and children weighed	Infants under 1 year	Children 1-5 years
Thewlis Street	3349	2301	918	2470	472	222
Bewsey	4600	3515	1153	3482	553	229
Brick Street	5555	4386	1073	4518	608	203
Wash Lane	3234	2275	1134	3033	284	97
Sunshine	3447	2653	1197	2949	340	132
Total	20185	15130	5475	16452	2257	883

Total attendances:

Mothers	20185
Infants	15130
Children 1-5 years	5475

Medical consultations:

Infants	2257
Children 1-5 years	883

All infants and toddlers are weighed and advised by the doctor or the health visitor when attending a centre. Immunisation against diphtheria and whooping cough was done weekly at the centres.

A child may be protected against whooping cough any time after six months old, and we endeavour to have children protected against diphtheria not later than 12 months old.

The health visitors give talks to the mothers on various subjects relating to health, how to attain and maintain the highest standard possible.

Scabies Clinic

Patients referred from the consultation centres are given appointments for baths at the Scabies Clinic, and the health visitors follow up the cases if the appointment is not kept, or the patient lapses during the course of treatment.

During 1947 there were 24 children under five years of age who were treated at the Scabies Clinic.

Daily Guardians Scheme.—Discontinued.

Nurseries

There are four nurseries in Warrington.

The health visitors pay visits to these nurseries at regular intervals.

A medical officer attends weekly at these nurseries for medical examination of the children.

Boarded-out Children

Boarded-out children under the Public Assistance Committee

There were 11 children being visited by the health visitors during 1947 boarded-out under the above authority.

These children are visited once every six weeks and a special written report sent in after each visit.

Ear, Nose and Throat Clinic

Mr. W. E. Hunter, Ear, Nose and Throat Specialist, holds a clinic at the Health Department, the second Thursday of every month.

Children seen by Mr. W. E. Hunter during 1947: 49.

Children under five years of age are referred to this clinic by the medical officer attending consultation centres, and day nurseries; also by private practitioners.

Dental Clinic

An arrangement has been made whereby children under five years of age needing dental treatment may be sent to the School Dental Clinic, which is held in the Health Department, and is open daily.

60 children were referred to this clinic during the year by the Maternity and Child Welfare Medical Officer.

Orthopædic Clinic

Specialist: Mr. Harman Taylor

Any child seen by the medical officer at the consultation centre who is in need of examination or treatment, may be sent to the Warrington General Hospital to the Orthopædic Clinic which is held there every Tuesday morning at 10 a.m.

Artificial Sunlight Clinics are held weekly on Tuesday and Thursday.

VACCINATION

821 children were successfully vaccinated during the year 1947, compared with 806 in 1946, and 848 in 1945.

CANCER

77 cases were admitted to the Council's hospitals during the year. 33 of these cases had previous treatment, 44 not previously received treatment. The Medical Officer of Health made arrangements for the treatment of 3 cases at the Radium Institute, Liverpool, and Christie Hospital, Manchester.

NOTIFICATION OF INFECTIOUS DISEASES, 1947

Disease	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	65 & over	Total	No. of cases removed to Hospital
Scarlet fever	1	2	5	11	12	25	11	3	3	1	-	-	74	52
Diphtheria	1	2	-	-	2	1	1	-	-	-	-	-	7	7
Measles	15	44	84	94	75	115	2	4	3	-	-	-	436	7
Whooping cough	5	3	3	5	5	8	1	-	-	-	-	-	30	-
Erysipelas	-	-	-	-	-	-	-	-	1	2	4	2	9	3
Puerperal pyrexia	-	-	-	-	-	-	-	-	19	1	-	-	20	18
Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	1	3	4	7	5	6	-	2	-	-	-	-	28	25
Cerebro-spinal fever	1	-	-	-	-	-	-	-	-	-	-	-	1	1
Malaria	-	-	-	-	-	-	-	-	4	-	-	-	4	2
Encephalitis lethargica	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia	3	-	-	-	-	-	-	-	-	-	-	-	3	3
Pneumonia	8	6	6	6	4	4	1	3	5	8	9	14	74	1
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	1	-	1	1

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

Water Supply

The County Borough area is supplied with water from three principal sources, namely deep wells at Winwick and Houghton Green, boreholes at Newton Hollow, near Frodsham in Cheshire, all of which are owned and controlled by the County Borough Council, and a supply drawn from Lake Vyrnwy.

The following particulars required by Circular 170/47 of the Ministry of Health are supplied by the Water Engineer, A. J. Watkins, Esq., A.M.Inst.C.E., A.M.I.Mech.E.

- (i) The water supply of the area and its several parts has been satisfactory in quality and quantity.
- (ii) During the year 50 bacteriological samples and 25 chemical samples have been submitted for examination with satisfactory results.
- (iii) There is no significant plumbo-solvent action.
- (iv) The well and borehole supplies are chlorinated. Treatment is afforded to the trunk main supply from Lake Vyrnwy by the Liverpool authorities.
- (v) With the exception of a very small number of premises on the outskirts, the whole of the built-up area of the Borough has a piped supply to each house and no stand pipe supplies exist.
 - (a) Direct to houses, 19,000. Population: 76,200

During the year inspectors submitted four samples of the town's water supply for bacteriological and chemical examination, all of which were satisfactory. Premises not connected to the town's mains comprise three occupied buildings on the outskirts of the area some distance from the main supply. These are supplied from private wells.

Following action by the department, defective supplies to 29 houses were remedied and in 14 instances insufficient supplies were improved by the provision of a service pipe of larger bore.

Sewerage and Drainage

A total of 1,305 inspections in respect of drainage defects and reconstructions were made during the year. Five hundred and eighty-nine defects in connection with eavesgutters, downspouting, sinks and drainage were remedied in response to action taken by the department.

The Borough Engineer and Surveyor (John Y. Hughes, Esq., M.Inst.C.E.) indicates that tenders have been invited for the sewerage section of the Sankey Brook Drainage Scheme and are at present being considered by the appropriate committee. So much of the work necessary for the drainage of the Dallam Farm Housing Estate has been completed during the year.

Closet Accommodation

Progress has continued during the year with the Corporation's scheme for the conversion of pail closets to the water carriage system under the compulsory powers of Section 47, Public Health Act, 1936, administered by the Borough Engineer. In addition, an increasing number of owners of property are taking advantage of the Corporation's contribution to conversions of pail closets carried out through their own contractors.

In five instances conversion of dilapidated pail closets to the water carriage system were required by notice under Section 44 of the Public Health Act, 1936.

Visits were paid by sanitary inspectors to pail closet structures involved in conversion schemes to secure their repair prior to conversion.

Details of conversions carried out during the year are:—

1. Under compulsory Orders (Section 47)....	....	227
2. Voluntarily by owners .....	....	140
3. Required because closets in such a condition as to require reconstruction .....	....	5

Twenty-three trough closets have been replaced by water closets with improved cloakroom facilities at factory premises, and seven pail closets converted to water closets at food preparing premises. Defective conditions in respect of 160 pail closets and 69 water closets at private dwellings were remedied by service of notice.

Nuisances and Housing Defects

A total of 1,868 complaints were received at the department during the year concerning the following matters:—

House disrepair and dampness	1305
Storage of refuse	37
Closets	127
Drainage and sewers	257
Accumulations	21
Vermin	73
Animals	8
Smoke nuisances	1
Fumes	14
Paving	5
Unwholesome dwellings	9
Miscellaneous matters	11

To secure the abatement of nuisance and the remedy of disrepair 2,272 informal notices and 629 statutory notices were served, and 1,604 informal notices and 386 statutory notices were complied with. In 24 instances application was made to the Court of Summary Jurisdiction for Abatement Orders. (See details on proceedings pages 60, 61 and 62.)

At one house, subject to formal notice under Section 9 of the Housing Act, 1936, the work required to render the premisses fit for human habitation, was carried out by the Local Authority in the owner's default.

Informal specifications were served under the Housing Act, 1936, in respect of 12 houses requiring them to be made fit for human habitation and the necessary work is in progress.

Applications for certificates of unfitness under the Rent and Mortgage Interest Restrictions Acts were made in 13 instances, and in each case certificates were granted. Four certificates were withdrawn the repair work necessary having been carried out.

Sixty-three dangerous buildings were referred to the Borough Engineer for attention under the relevant provisions of the Public Health Act, and in 33 instances the necessary work has been carried out to remove danger. The remaining premises are in varying stages of rebuilding.

The arrangements made with the Borough Engineer (J. Y. Hughes, Esq., M.Inst.C.E.) who is the authorised officer for the issue of licences and certificates for building and repair work, continue to operate satisfactorily in the case of work required by notices from this department.

Atmospheric Pollution

Attention by the inspectorate has been mainly confined to a few installations emitting from time to time excessive quantities of smoke. In two instances the main reason for smoke production has been lack of boiler capacity to meet demand for steam, and in both cases the firms concerned have placed orders for additional boilers. The necessary approvals have been obtained and work is proceeding.

During the year classes in boiler house practice for stokers have been recommenced at the Warrington Technical Institute conducted by a lecturer supplied by the Manchester Regional Smoke Abatement Committee.

Tents, Vans and Sheds

Action has been necessitated in one instance by the occupation for human habitation of a large poultry shed by a family lacking a house. Vacation was obtained without recourse to proceedings.

Verminous Disinfestation

Complaint of the presence of vermin was received in respect of 20 Corporation houses, 49 privately owned houses, and 10 business and institutional premises. All infestations yielded to treatment with Gammexane and D.D.T. used in either powder or liquid form. Four Corporation houses were treated prior to occupation as a precaution against infestation. A total of 309 visits were made in connection with affected premises.

Common Lodging Houses

The number of registered houses was reduced to two during the year, one registration being discontinued owing to the death of the proprietor. Existing accommodation provides beds for 130 persons, most of which are fully occupied throughout the year. Thirty-one visits were made during the year to these premises.

Rats and Mice Destruction Act

The Borough Engineer (John Y. Hughes, Esq., M.Inst.C.E.) who is the designated officer under the Act, has supplied the following information concerning the work carried out during the year.

“The number of traps set during the year on the outskirts of the town, and on tips and round water-courses was 4,848, and the number of live rats caught in these traps was 1,313.

“In the town centre 5,757 traps were set and the number of rats caught in these traps was 758.

“Pre-baits to the number of 5,032 were placed in various positions in the centre of the town and along the water-courses, and many were taken.”

“The manholes in the Borough, numbering 1,322 were test-baited in accordance with the instructions issued by the Ministry. Two hundred and sixty-four of these manholes were fully baited twice, giving a total of 4,756 baits, and the estimated kill in accordance with the formula issued by the Ministry was 256 rats.

“The kill of rats during the past year was reduced considerably and is accounted for by the fact that the land known as Arpley Meadows was thoroughly baited six times during the year. This was achieved by negotiated arrangements with Thames Board Mills Ltd., the Warrington Greyhound Stadium, Messrs. Gartons Ltd., Messrs. Mayhall and Tomkinson's Tripe Works. A considerable contribution has also been made by the officials of the British Railways in charge of rodent control, who have implemented their promise to undertake a more thorough baiting of railway embankments, particularly the permanent ways of the old Cheshire Lines Railway running through the town.”

Poisons and Pharmacy Acts

A total of 98 persons and firms were registered during the year as listed sellers of Part II Poisons. All listed sellers have been visited during the year by the Inspector of the Pharmaceutical Society (Miss J. Y. Stephenson). Sanitary inspectors made 18 visits in connection with applications for registration.

Infectious Disease

Sanitary inspectors made 116 visits of enquiry in respect of 112 cases of notifiable disease. Forty-five visits were made to smallpox and other contacts notified by Port Health Authorities and Airfield Health Authorities in respect of service personnel and civilians returning from abroad.

FACTORIES

1.—INSPECTIONS

Premises (1)	No. on Register (3)	Number of		
		Inspections (4)	Written notices (5)	Occupiers prosecuted (6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	57	14	5	
(ii) Factories not included in (i) to which Section 7 applies:				
(a) Subject to the Local Authorities (Transfer to Enforcement) Order, 1938....	357	214	15	—
(b) Others	—	—	—	—
(iii) Other premises under the Act (excluding out-workers' premises)	1	—	—	—
Total	415	228	20	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were found				No. of cases in which prosecutions were instituted (7)
	Found (3)	Remedied (4)	To H.M. Inspector (5)	By H.M. Inspector (6)	
Want of cleanliness (S.1)	4	7	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	1	4	—	—	—
Inadequate drainage of floors (S.6)	1	4	—	—	—
Sanitary conveniences (S.7):					
(a) insufficient	6	4	—	4	—
(b) unsuitable or defective	16	30	—	6	—
(c) not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to homework)	—	—	—	—	—
Total	28	49	—	10	—

SANITARY INSPECTION OF DISTRICT

Number and Nature of Inspections

Tables I and II indicate the number and nature of inspections made during the year with conditions found and remedied.

TABLE I

Nature of Inspection	Primary Inspections	Re-inspections	Total Visits	Nuisances or defects found	Nuisances or defects remedied
Statutory Nuisances					
Premises	1689	4564	6253	6084	4069
Animals	11	8	19	8	8
Accumulation or deposit	23	18	41	22	16
Dust, effluvia	20	30	50	3	3
Well, tank, cistern or water butt	—	—	—	—	—
Pond, pool, ditch, gutter or water course	6	10	16	3	3
Tents, vans or sheds	1	6	7	1	1
Smoke observations	2	—	21	—	—
Miscellaneous visits	19	—			
Drainage					
Obstructed	429	415	844	429	472
Defective or insufficient	181	280	461	189	134
Drainage tests	49	—	49	—	—
Closets and Sanitary Conveniences					
Water closets	75	114	189	78	69
Pail closets	204	526	730	204	160
Verminous and Unwholesome premises					
Dwellings	107	175	282	108	86
Business premises	9	18	27	9	16
Licensed Premises	2	—	2	2	—
Places of Entertainment	13	4	17	2	2
Shops Act					
Closing	6	—	6	—	—
Conditions of employment	—	—	—	—	—
Sanitary accommodation, meals, lighting	9	6	15	7	3
General (including Byelaws and Regulations)					
Infectious disease	112	4	116	—	—
Infectious disease contacts	40	5	45	—	—
Common lodging houses	19	12	31	—	—
Houses-let-in-lodgings	17	—	17	—	—
Offensive trades	5	9	14	—	—
Stables	3	10	13	7	1
Piggeries	2	6	8	7	1
Tips	5	3	8	1	1
Rats and mice	3	3	6	3	1
Pharmacy and poisons	15	3	18	—	—
Meat Regulations, 1924	1	1	2	1	1
Workplaces	7	5	12	5	3
Schools	6	8	14	26	10

Nature of Inspection	Primary Inspections	Re-in- spections	Total Visits	Nuisan- ces or defects found	Nuisan- ces or defects remedied
Food					
Slaughtering	528	—	528	—	—
Private slaughtering	9	—	9	—	—
Markets	24	—	24	—	—
Preparing premises	21	61	82	51	59
Fried fish shops	2	11	13	—	9
Cold stores	1	—	1	—	—
General food shops	221	—	221	3	1
Street vendors	2	—	2	2	2
Bakehouses	18	—	18	3	3
Food poisoning	1	6	7	—	—
Milk					
Cowsheds	28	—	28	3	3
Dairies	123	—	123	1	1
Pasteurising establishments	70	—	70	—	—
Milk shops and retail premises	5	—	5	—	—
Ice-cream					
Premises	36	—	36	—	9
Shops	5	—	5	—	—
Factories					
Mechanical	214	—	214	28	49
Non-mechanical	14	—	14	1	—
Outworkers	4	—	4	—	—
Housing					
Repair (Sec. 9)	12	24	36	—	—
Demolition (Sec. 11)	—	—	—	—	—
Undertakings	—	6	6	—	—
Closure (Sec. 12)	1	6	7	—	—
Overcrowding	149	—	149	—	—
Miscellaneous....	47	—	47	—	—
Contagious Diseases of Animals					
Saleyards	3	—	3	—	—
Movement of swine	12	1	13	—	—
Importation of animals	12	—	12	—	—
Railway sidings	3	—	3	—	—
Fowl pest	3	—	3	—	—
Miscellaneous....	3	—	3	—	—
Visits re Sampling					
<i>Milk (chemical)</i>					
Formal	152	—	152	—	—
<i>Milk (bacteriological and heat-treated)</i>	192	—	192	—	—
Biological	20	—	20	—	—
<i>Ice-cream</i>					
Bacteriological	6	—	6	—	—
Chemical....	2	—	2	—	—
<i>Other foods</i>					
Informal (chemical)	13	—	13	—	—
<i>Water (drinking)</i>					
Chemical....	4	—	4	—	—
Bacteriological	4	—	4	—	—
<i>Swimming bath</i>					
Chemical....	4	—	4	—	—
Bacteriological	4	—	4	—	—
Totals	5062	6358	11420	7291	5197

TABLE II
DETAILS OF SANITARY IMPROVEMENT

Defect or Contravention	Defect or Contra- vention Remedied	Defect or Contravention	Defect or Contra- vention Remedied
Dwellings		Cowsheds	
Roofs	558	Manure	1
Walls (interior)	507	Cleanliness	2
Walls (external)	217		
Ceilings	165	Dairies	
Floors	203	Cleanliness	1
Firegrates	124		
Wash boilers	45	Factories	
Doors and windows	243	Cleanliness	7
Dampness	1085	Overcrowding	—
Lighting	1	Temperature	—
Ventilation	186	Ventilation	4
Chimney stacks	99	Drainage of floors	4
Gutters and downspouts	455	Sanitary accommodation:	
Downspouts disconnected	4	Insufficient	4
Yard or passage surfaces	21	Unsuitable or defective	30
Water supply	43	Not separate for sexes	—
Food storage	—	Other matters	—
Verminous	91		
Unwholesome	11	Shops	
Ash bin stores	114	Insufficient sanitary	
Unauthorised buildings	—	accommodation	1
		Insufficient washing	
Drainage		facilities	1
Defective	27	Heating and lighting	1
Inspection chambers	1	Facilities for meals	—
Ventilation	—	Seating	—
Abolished	—		
Additional gullies	1	Schools	
Sinks	28	Water closets	2
Sink waste-pipes	60	General defects	8
Soil or vent. pipes	3		
Urinals	—	Workplaces	
Other necessary		Cleanliness	1
appliances	1	Overcrowding	—
New drainage provided	14	Lighting	—
		Ventilation	—
Closets and Sanitary		Sanitary accommodation:	
Conveniences		Males	—
Water closets	44	Females	1
Pail closets	160		
Water supply	11	Stables	
Flushing cisterns	14	Abolished	1
Light and ventilation	—		
		Piggeries	
Food and Food		Storage of manure	1
Preparing Premises			
Surfaces	11		
Ventilation	8		
Lighting	6		
Drainage	8		
Cleanliness	16		
Fittings (movable)	7		
Personal washing facilities	8		
Cleansing facilities	8		
Sanitary accommodation	7		
Storage (waste)	2		

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Number of Registered Dairymen				
(a)	Producer-retailers	....	....	9
(b)	Producer-wholesalers	....	....	4
(c)	Retail purveyors	....	....	35
	(excluding milk shops)			

One additional retail purveyor was registered during the year and two transfers of registration were granted following the deaths of the registered purveyors. One producer-retailer registration was transferred following the death of the registered producer.

REGISTRATIONS UNDER MILK (SPECIAL DESIGNATIONS) ORDER, 1936-46

Form of Licence	Tuberculin Tested	Accredited	Pasteurised
Dealers	3	—	2
Producers	—	1	—
Supplementary	2	—	1
Pasteurising plant	—	—	1
Total	5	1	4

There were 28 inspections of cowsheds and 193 inspections of dairies during the year.

Pasteurised and Heat-treated Milk

The results of samples of heat-treated milk taken from authorised heat-treatment plants, schools and retailers within the Borough are detailed below.

Class of Milk	No. of Samples Tested	Appropriate Tests	No. of Samples	
			Passed	Failed
Pasteurised	115	Phosphatase	110	5
		Methylene Blue ($\frac{1}{2}$ hr. test)	112	3
Heat treated	15	Phosphatase	15	1
		Methylene Blue ($\frac{1}{2}$ hr. test)	14	2

Raw Milk

Sixty-one samples of undesignated milk were obtained for cleanliness and keeping quality tests. Thirty-nine samples satisfied the Methylene Blue test and twenty-two failed the test. Of one sample of Tuberculin Tested milk and six samples of Accredited milk, 3 samples of Accredited milk failed the required test.

Twenty samples of milk were submitted for examination for tuberculosis; two samples were found to contain tubercle bacilli. Tests on one sample were inconclusive.

The following particulars of the veterinary inspection of cattle at dairy farms in the Borough are taken from reports supplied by the Divisional Veterinary Inspector (J. W. Wilson, Esq., M.R.C.V.S.), of the Ministry of Agriculture and Fisheries.

Number of veterinary inspections of dairy herds	....	8
Number of dairy herds inspected 4 times per year	....	1
Number of dairy herds inspected 1 time per year	....	4

The number of cattle at dairy farms in the Borough during the final portion of the year was 77.

Inspection of Meat

The Orford Green Slaughterhouse, owned by the Warrington Co-operative Society, continues to be used by the Ministry of Food for the slaughter of animals for human consumption. Whilst cooling facilities at these premises still remain unsatisfactory, an improved supply of water has been provided during the year.

Animals killed and examined during the year show a decrease of 9,151 over 1946, mainly in the number of sheep, cows, calves and pigs slaughtered. The ratio of the number of bullocks and heifers slaughtered compared with cows, continues to increase and this from the point of view of freedom from disease has its reflection in the diminished amount of carcase meat it has been found necessary to condemn:

		1947	1946	1945
Cattle (excluding cows)	....	2297	2112	1641
Cows	....	2106	2569	3017
Calves	....	1965	2415	2638
Sheep and lambs	....	11541	19854	11814
Pigs	....	130	240	602
Total....	....	18039	27190	19712

3,348 carcasses required a detailed examination and of these 983 were found to be affected with tuberculosis to the following extent:

Cattle (excluding cows)	....	....	....	10.79%
Cows	....	....	....	34.52%
Calves	....	....	....	0.15%
Pigs	....	....	....	3.84%

The weight of meat condemned and disposed of under Ministry of Food guarantee was 52 tons 2 cwt. 2 qr. 1½lbs.

Private Slaughter

Nine pigs were examined at private premises following slaughter under licence of the Ministry of Food.

Slaughter of Animals Act, 1933

Twenty-three slaughtermen were licensed during the year under the provisions of this Act. No contraventions have occurred.

Contagious Diseases of Animals Acts

Thirty-six visits were made by inspectors to markets, collecting centres, etc., for purposes connected with the issue of licences and the various orders and regulations.

The Local Authority granted licences in respect of three sales of Irish cattle under the provisions of the Animals (Landing from Ireland, Channel Islands and Isle of Man) Order, 1933, and for one sale of swine under the Regulation of Movement of Swine Order, 1933.

Fowl Pest Order, 1936, and Fowl Pest (Amendment) Order, 1947 (No. 2)

Arising from the widespread control of the movement of fowl throughout the country to check the spread of fowl pest, birds at a private dwelling house in Warrington were slaughtered by inspectors of the Ministry of Agriculture and Fisheries and the appropriate part of the premises defined as an infected place. No further outbreak arose within the confines of the County Borough area.

Tuberculosis Order, 1938

Twelve cows were sent into Orford Slaughterhouse by veterinary inspectors following inspections of herds at farms outside the Borough. Eight were found to be affected with generalised tuberculosis and condemned, and four were affected with localised tuberculosis rendering necessary the condemnation of organs and parts of the carcass.

SUMMARY OF CONDEMNATIONS

TABLE I

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number slaughtered	2297	2106	1965	11541	130
Number inspected	2297	2106	1965	11541	130
All diseases except Tuberculosis					
Whole carcasses condemned	—	9	4	3	3
Carcasses of which some part or organ was con- demned	855	864	4	587	36
Percentage of number in- spected affected with disease other than tuber- culosis	37.22%	41.45%	0.40%	5.11%	30.00%
Tuberculosis only					
Whole carcasses condemned	4	52	3	—	1
Carcasses of which some part or organ was con- demned	244	675	—	—	4
Percentage of number in- spected affected with tuberculosis	10.79%	34.52%	0.15%	—	3.84%

'Table showing extent of Tuberculosis, Diseases and Weights of Diseased Meat Destroyed year ending 31st December, 1947

Kinds of Animals		Number Examined	Extent of Tuberculosis in Animals Examined														Other Diseases		
			Of which were Tubercular	Heads	Plucks	Lungs	Heart & Pericardium	Skirts	Livers	Spleens	Stomachs	Kidneys	Mesenteries	Uteri	Udders	Entire Carcasses condemned owing to Tuberculosis	Weight of Meat and Offal destroyed on account of Tuberculosis	Weight of Meat and Offal destroyed on account of other diseases	Total Weight of Meat and Offal destroyed for all diseases.
Beasts : Cattle excluding Cows Cows	2297	248	96	222	22	23	51	40	27	22	53	4	4	4	12036	15127	27163		
	2106	727	295	708	89	109	194	123	116	150	246	72	79	52	62507	22548½	85055½		
	4403	975	391	930	111	132	245	163	143	172	299	76	83	74543	37675½	112218½			
	11541															1645	1645		
Sheep	130	5	4½	3	2	1	1	1	3	2	2			1	366	871	1237		
Pigs	1965	3	3		3	3	3	3	3	6	3			3	171	1490	1661		
Calves																			
	18039	983	398½	3	935	115	132	249	167	149	180	304	76	83	60	75080	41681½	116761½	

MEAT INSPECTION SLAUGHTERHOUSE, ORFORD GREEN

TABLE SHOWING QUANTITY AND WEIGHT OF MEAT
CONDEMNED AND DISPOSED OF UNDER MINISTRY OF
FOOD GUARANTEE DURING THE YEAR 1947

	Bulls lbs.	Bullocks lbs.	Heifers lbs.	Cows lbs.	Calves lbs.	Sheep lbs.	Pigs lbs.	Total lbs.
Tuberculosis	930	4033	7073	62507	171	—	366	75080
Abscesses	48	611	346	1086	—	42	25	2158
Actinomycosis	—	60	28	61	—	—	—	149
Adhesions	—	6	34	134	—	4	—	178
Angiomatosis	16	280	116	3297	—	—	—	3709
Arthritis	—	—	—	6	—	—	—	6
Caseous nodules	—	—	—	—	—	9	—	9
Cirrhosis	31	117	—	379	—	2	—	529
Congestion	—	138	78	251	5	7	80	559
Contamination	—	—	—	—	2	81	12	95
Death from natural causes	—	—	—	—	30	—	—	30
Decomposition and Putrefaction	—	—	—	—	—	39	9	48
Degeneration	—	43	71	206	—	6	—	326
Distomatosis	38	8198	3851	7222	—	1070	—	20379
Dropsy	—	—	8	511	60	43	86	708
Echinococcus	—	129	224	597	—	76	—	1026
Emphysema	—	—	—	24	—	—	—	24
Fevered	—	—	—	2808	—	41	171	3020
Induration	—	—	—	2160	—	—	—	2160
Immaturity (fœtal carcasses)	—	—	—	—	1287	—	—	1287
Inflammation	—	157	40	549	—	—	3	749
Leukæmia	—	—	—	672	—	—	—	672
Mastitis (acute, septic, simple)	—	—	—	441	—	—	—	441
Melanosis	—	21	7	44	—	—	—	72
Nephritis	—	—	—	51	—	—	—	51
Necrosis	—	—	—	14	—	—	—	14
Parasitic	—	—	28	—	—	146	—	174
Pericarditis	—	—	28	575	—	1	—	604
Peritonitis	—	—	—	—	—	3	—	3
Pleurisy	—	—	7	22	—	53	1	83
Pneumonia and Pneumomycosis	—	—	—	8	62	—	13	83
Septicæmia	—	—	—	670	—	—	—	670
Swine erysipelas	—	—	—	—	—	—	188	188
Traumatism	—	133	235	708½	6	22	283	1387½
Tumours	—	—	—	52	—	—	—	52
Umbilical pyæmia	—	—	—	—	38	—	—	38

Total 116761½

Food Preparing Premises (Food & Drugs Act, Sections 13 & 14)

Eighty-two inspections were made of preparing premises, 221 of general food shops and 18 of bakehouses. Major specifications in connection with nine premises were served during the year to bring them into conformity with the requirements of the Act. Extensive specifications at five premises were complied with during the year, together with a number of miscellaneous minor improvements. (See Table 2—Details of Sanitary Improvement.)

The following foodstuffs were condemned and voluntarily surrendered during the year.

Commodities	Tons	Cwts.	Qrs.	Lbs.
Bacon			1	19
Butter				26
Cheese			2	16
Fish	3	6	2	17
Fruit (fresh and dried)		6	3	11
Meat (cooked and uncooked)	1	9	2	8
Preserves, confectionery, etc.		10	1	2
Vegetables		1	—	8
Canned Foodstuffs				
Meat	2	5	3	11
Fish		2	3	3
Milk		11	3	3
Vegetables		5	3	26
Fruit		3	2	—
Preserves, etc.	5	11	2	9
Total weight	14	17	1	1

Ice-cream Premises

All manufacturing premises within the Borough have been reconstructed and now comply with the requirements of the Food and Drugs Act, 1938. Each manufacturer has also placed orders for apparatus to enable his compliance with the Ice-Cream (Heat Treatment, etc.) Regulations, 1947.

Inspectors made 36 visits to these premises during the year, and 6 samples of ice-cream were submitted for bacteriological examination.

Adulteration of Food

The number of samples submitted for analysis during the year was 167.

The average percentage composition of milk samples submitted for analysis and reported *genuine* was as follows:—

Period	No. of Samples	Milk Fat	Solids-not-fat
1st quarter (January 1 to March 31)	18	3.50	8.70
2nd quarter (April 1 to June 30)	32	3.30	8.77
3rd quarter (July 1 to September 30)	19	3.45	8.84
4th quarter (October 1 to December 31)	31	3.66	8.84
	100	3.48	8.78

The minimum presumptive standard prescribed by the Sale of Milk Order, 1939, for a genuine milk is 3.0% milk fat and 8.5% milk solids-not-fat.

It will be observed from Table I that of 152 formal samples of milk submitted, 52 samples or 34.2% failed to reach the standard laid down by the Sale of Milk Order. For the most part these samples comprise follow-up samples at the point of delivery and “appeal to cow” samples taken as a result of an original deficiency and prove the original deficiency to be due to poor quality milk given by the herd. The following is an analysis of the samples reported deficient:—

- | | | | | | |
|--|------|------|------|------|----|
| 1. Reported as deficient in solids-not-fat but certified as genuine but abnormal milks | .... | .... | .... | .... | 9 |
| 2. Reported as deficient in fat but which “on appeal to cow” must be accepted as genuine | .... | .... | .... | .... | 29 |

Of the remaining 14 samples, 7 samples revealed small fat deficiencies ranging from 10% to 3.3%, and in only one instance covering the remaining 7 samples, showing deficiencies in fat ranging from 24% to 6.3%, were proceedings thought to be justified. In this case “appeal to cow” samples revealed a high fat content.

TABLE I

Article	No. of Samples			No. Genuine			No. Not Genuine		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Milk	152	-	152	100	-	100	52	-	52
Salmon and shrimp paste	-	1	1	-	1	1	-	-	-
Cake and bun flour	-	1	1	-	1	1	-	-	-
Coffee	-	1	1	-	1	1	-	-	-
Nutmeg	-	1	1	-	1	1	-	-	-
Pudding mixture	-	1	1	-	1	1	-	-	-
Spaghetti	-	1	1	-	1	1	-	-	-
Sage	-	1	1	-	1	1	-	-	-
Vinegar (malt)	-	1	1	-	1	1	-	-	-
Cake decorator	-	1	1	-	1	1	-	-	-
Barley flakes	-	1	1	-	1	1	-	-	-
Clams	-	1	1	-	1	1	-	-	-
Liquorice, menthol and aniseed lozenges	-	1	1	-	-	-	-	1	1
Meat	-	1	1	-	1	1	-	-	-
Ice-cream	-	2	2	-	2	2	-	-	-
	152	15	167	100	14	114	52	1	53

TABLE II

ADMINISTRATIVE ACTION TAKEN IN RESPECT OF
SAMPLES REPORTED BY THE PUBLIC ANALYST TO BE
NOT GENUINE

No. of Sample		Article	Extent of Adulteration	Action taken
Infor- mal	For- mal			
	477	Milk	Deficient in fat to extent of 13.3%	Morning's milk. Following deficiency in sample No. 447, samples 452 and 453 were taken at point of delivery to purveyor of sample 447, and were reported 10% deficient in fat. Appeal to cow samples 455 and 456 disclosed similar deficiencies and the composition of milk to be that delivered by herd.
	452	Milk	Deficient in fat to extent of 10.0%	
	453	Milk	Deficient in fat to extent of 10.0%	
	455	Appeal to cow milk	Deficient in fat to extent of 10%	
	456	Appeal to cow milk	Deficient in fat to extent of 10%	
	448	Milk	Deficient in fat to extent of 3.3%	Morning's milk. Further sampling to be carried out. No action on small deficiency.
	462	Milk	Deficient in fat to extent of 3.3%	Morning's milk. Further sampling to be carried out. No action on small deficiency.
	464	Milk	Deficient in solids-not-fat to extent of 3.5%	Analyst reports a genuine but abnormal milk. Deficiency in solids-not-fat not attributable to presence of extraneous water.
	488	Milk	Deficient in fat to extent of 8.3%	Morning's milk. Sample 489 taken in transit to vendor of Sample 488. Deficiency of solids-not-fat not due to presence of extraneous water and deficiencies in both samples attributed to variation in milk as given by herd.
	489	Milk	Deficient in fat to extent of 6.6% and solids-not-fat to extent of 1.2%	
	492	Milk	Deficient in fat to extent of 20.0%	Morning's milk. Sample 496 taken in transit to vendor of Sample 492. Deficiencies attributed to variations in milk as given by herd. Further sampling to be carried out.
	496	Milk	Deficient in fat to extent of 3.3%	

No. of Sample		Article	Extent of Adulteration	Action taken
Infor- mal	For- mal			
	494	Milk	Deficient in fat to extent of 18.3%	Morning's milk. Following result of Sample 494, Sample 495 was taken in transit to vendor of Sample 494. Result of Sample 503 disclosed similar deficiency and deficiencies therefore attributed to variation in milk as given by herd.
	495	Milk	Deficient in fat to extent of 10%	
	503	Appeal to cow milk	Deficient in fat to extent of 10%	
	504	Milk	Deficient in fat to extent of 10%	Morning's milk. Purchased from retailer during two days sampling. See Samples 517, 518 taken in transit to retailer.
	508	Milk	Deficient in fat to extent of 3.3%	
	509	Milk	Deficient in fat to extent of 15%	
	510	Milk	Deficient in fat to extent of 3.3%	Taken in transit to retailer of Samples 517, 518. See Appeal to cow Sample No. 519.
	517	Milk	Deficient in fat to extent of 3.3%	
	518	Milk	Deficient in fat to extent of 6.6%	
	519	Appeal to cow milk	Deficient in fat to extent of 3.3%	In view of this result, sample deficiencies in the series, attributed to variation in milk as given by herd. Producer warned of necessity to ensure adequate bulking and mixing of milk before delivery.
	505	Milk	Deficient in fat to extent of 6.6%	Morning's milk purchased from producer-retailer. See Appeal to cow Samples 514, 515, 516.
	511	Milk	Deficient in fat to extent of 11.6%	
	512	Milk	Deficient in fat to extent of 30%	
	513	Milk	Deficient in fat to extent of 3.3%	In view of result of these samples, deficiencies of series (with exception of Sample No. 512) attributed to variation in milk as supplied by herd. Circumstances relating to Sample 512 reveal that this sample taken from a churn originally containing 15 gallons of milk of which 4 gallons remained at time
	514	Appeal to cow milk	Deficient in fat to extent of 10%	
	515	Appeal to cow milk	Deficient in fat to extent of 6.6%	
	516	Appeal to cow milk	Deficient in fat to extent of 3.3%	

No. of Sample		Article	Extent of Adulteration	Action taken
Informal	Formal			
				of sampling. On evidence of Appeal to cow samples it can be assumed this milk was already deficient in fat and the final large deficiency resulted from repeated sales without plunging. This was pointed out to the producer-retailer who took immediate steps to obtain plunger. Warned by letter that further deficiencies not attributable to herd would result in proceedings.
	523	Milk	Deficient in fat to extent of 3.3%	Further samples to be taken.
	526	Milk	Deficient in fat to extent of 20%	Morning's milk taken from retailer. Circumstances of sampling preclude retailer from any responsibility for this result. See Samples 527, 528 taken in transit to retailer.
	527	Milk	Deficient in fat to extent of 24.3%	Taken in transit to retailer. See Samples 529, 530, 531 taken at point of delivery to carrier.
	528	Milk	Deficient in fat to extent of 18.7%	
	529	Milk	Deficient in fat to extent of 12.7%	Taken at point of delivery to carrier. Four Appeal to cow Samples were taken from herd, three of which showed fat contents of 3.47%, 3.62%, and 3.59% respectively, and one a deficiency of 6.3%.
	530	Milk	Deficient in fat to extent of 7.3%	
	531	Milk	Deficient in fat to extent of 17%	
	533	Appeal to cow milk	Deficient in fat to extent of 6.3%	Proceedings authorised against producer (see "Details of legal proceedings").
521		Lozenges	Contained 71.3% chalk and 10.7% talc	Formal samples not obtainable owing to discontinuance of supply.
	536	Milk	Deficient in fat to extent of 10%	Morning's milk. Further samples to be taken at point of delivery to retailer.

No. of Sample		Article	Extent of Adulteration	Action taken
Informal	Formal			
	538	Milk	Deficient in fat to extent of 5%	Morning's milk. No action on small deficiency.
	543	Milk	Deficient in fat to extent of 10%	Morning's milk. Samples 543, 544 were taken together with four additional samples from the same supplier, these latter being satisfactory. See results of Samples 545 and 546 taken at point of delivery to retailer. Two additional samples taken at same time were genuine. No further action, deficiencies being attributed to variation in milk as supplied by herd.
	544	Milk	Deficient in fat to extent of 5%	
	545	Milk	Deficient in fat to extent of 6.6%	
	546	Milk	Deficient in fat to extent of 6.6%	
	561 562 563 565 566 567 568 569	Milk Milk Milk Milk Milk Milk Milk Milk	Deficiencies in solids-not-fat	No action in view of analyst's report of a genuine but abnormal milk, the deficiencies in solids-not-fat not being attributable to the addition of extraneous water.
	587	Milk	Deficient in fat to extent of 5%	Morning's milk. No action on small deficiency. Further samples to be taken.

DETAILS OF LEGAL PROCEEDINGS

Acts, Byelaws or Regulations under which proceedings instituted	Default or offence	Result	Fines	Costs
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 14 days		12s.
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 28 days		12s.
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 28 days		12s.
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 28 days		12s.
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		£6 12s. Eleven Properties

Acts, Byelaws or Regulations under which proceedings instituted	Default or offence	Result	Fines	Costs
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 3 months		
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Withdrawn work carried out		4s.
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Withdrawn work carried out		4s.
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Withdrawn work carried out		4s.
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Withdrawn work carried out		4s.
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 28 days		12s.
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 21 days	£1	
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 21 days	£1	
Public Health Act 1936	Failure to abate nuisance arising from general defects of property	Order for abatement within 21 days	£1	

HOUSING

No inspections of dwelling houses for slum clearance were made during the year.

Inspection of Dwelling Houses during the year:—

1. (1) (a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1,701
	(b) Number of inspections made for the purpose	4,576
(2) (a)	Number of dwelling houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	12
	(b) Number of inspections and reinspections made for the purpose	36
(3)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(4)	Number of dwelling houses found not to be in all respects reasonably fit for human habitation	12
2.	Remedy of defects during the year without service of formal notices: Number of dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	811
3.	Action under Statutory Powers during the year:	
(A)	Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:	
(1)	Number of dwelling houses in respect of which notices were served requiring repairs	Nil
(2)	Number of dwelling houses which were rendered fit after service of formal notices:	
	(a) By owners	—
	(b) By Local Authority in default of owners	1
(B)	Proceedings under Public Health Acts:	
(1)	Number of dwellings in respect of which formal notices were served requiring defects to be remedied	629
(2)	Number of dwelling houses in which defects were remedied after service of formal notices:	
	(a) By owners	228
	(b) By the Local Authority in default of owners	—
(C)	Proceedings under Section 12 of the Housing Act, 1936:	
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	1

HOUSING (OVERCROWDING) ACT, 1936

(a) (1)	Number of dwellings overcrowded at the end of the year 1947	315
(2)	Number of families dwelling therein	436
(3)	Number of persons dwelling therein	2,571
(b)	Number of new cases of overcrowding reported during the year	100
(c) (1)	Number of cases of overcrowding relieved during the year	98
(2)	Number of persons concerned in such cases....	339

HOUSING (NEW HOUSES)

The number of new houses erected during the year 1947:

	Total including numbers given separately under (b)—	
(i)	by the Local Authority	333
(ii)	by other Local Authorities	Nil
(iii)	by other bodies and persons:	
	(a) Private enterprise	26
	(b) Ministry of Works (temporary bungalows)	5
(b)	With State assistance under the Housing Acts:—	
(i)	by the Local Authority	333
(ii)	by other bodies or persons:	
	Ministry of Works (temporary bungalows)	5

APPENDIX "A"

PROPOSALS FOR CARRYING OUT DUTIES UNDER SECTION 22 OF THE NATIONAL HEALTH SERVICE ACT, 1946

(Approved by the Minister of Health on the 22nd April, 1948)

CARE OF MOTHERS AND YOUNG CHILDREN

PART I

GENERAL STATISTICAL DATA:

(1)	Total mid-1946 population	....	....	....	....	76,040
(2)	„ „ number of children under 5	....	....	....	....	6,520
(3)	Number of registered live births:—					
(a)	1945	....	....	1,409	(plus 453 resident outside the Borough)	
	1946	....	....	1,657	(„ 461 „ „ „ „)	

EXISTING SERVICE

The existing service for the care of mothers and young children may be considered briefly under the following headings:—

- (a) Ante-natal clinics.
- (b) Hospital accommodation.
- (c) Domiciliary confinements.
- (d) Home helps.
- (e) Post-natal clinics.
- (f) Supervision of midwives and health visitors.
- (g) Infant welfare centres.

ANTE-NATAL CLINICS

There are three ante-natal clinics, the central one being situated at the Health Department, while the others are held at the Warrington General Hospital and the Warrington Maternity Home. All expectant mothers are advised to attend the central ante-natal clinic, including of course, mothers who express the desire to have the confinement at home.

Unfortunately, the Maternity Hospital accommodation is insufficient for the present high number of births, and it is therefore necessary to reserve hospital beds for those patients whose condition necessitates hospital care, or whose home conditions are such that it is virtually impossible for the confinement to take place at home. This discrimination is therefore made by the medical officer who is in attendance at the clinic at the Health Department, and who arranges, subject to the approval of the Medical Officer of Health, for the allocation of beds either in the maternity wards of the General Hospital or at the Maternity Home.

All patients attend, in the first place, at the Health Department Clinic, and are then given instructions for their subsequent attendances in accordance with the arrangements made for their confinement, viz.:—

- (a) Patients having their confinement in the General Hospital are advised to attend the ante-natal clinic at the hospital.
- (b) Patients having their confinement in the Maternity Home attend the Central Clinic at the Health Department until the 36th week of pregnancy, after which they attend the clinic at the Maternity Home.
- (c) Patients having their confinement at home are advised and encouraged to attend the clinic at the Health Department during the full period of pregnancy.

The clinic at the Health Department is staffed by the following:—

Assistant Medical Officer of Health.

Non-Medical Supervisor of Midwives.

Health Visitor.

Pupil midwife.

HOSPITAL ACCOMMODATION

Warrington Municipal General Hospital	....	....	28	maternity beds
Warrington Municipal Maternity Home	....	....	20	„ „

DOMICILIARY CONFINEMENTS

* All expectant mothers who are having their confinement at home are encouraged to attend the ante-natal clinic throughout the full period of pregnancy.

The existing Domiciliary Service consists of:—

- (a) 1 Non-Medical Supervisor of Midwives.
- (b) 6 whole-time domiciliary midwives—5 of whom are approved teachers for the district training of pupil midwives.
- (c) 6 independent midwives.

HOME HELPS

A Home Help Scheme is in operation whereby domestic help may be made available in those cases where the confinement is to take place at home, and the mother is desirous of having assistance in the home.

POST-NATAL CLINICS

There are two post-natal clinics each week—one being held at the Health Department and the other at the General Hospital.

SUPERVISION BY MIDWIVES AND HEALTH VISITORS

All births are notified to the Medical Officer of Health and arrangements are made for the necessary supervision to be exercised by the midwives until the 14th day, following which supervision is immediately taken over by the health visitors.

INFANT WELFARE CENTRES

There are five infant welfare centres and a clinic is held at each of these once every week. An Assistant Medical Officer of Health attends each of these clinics, and is assisted by health visitors and voluntary workers.

Immunisation against diphtheria is carried out at each of these clinics.

Proprietary infant foods are sold at the clinics, and a representative from the Ministry of Food also attends for the purpose of the distribution of cod liver oil and the sale of orange juice.

A. ANTE-NATAL CLINICS

- (i) Number of clinic premises 3*
(*Two of these are held on hospital premises.)
- (ii) Number of expectant mothers who attended in 1946 2,312
- (iii) Number of sessions held weekly 9

B. POST-NATAL CLINICS

- (i) Number of clinics 2*
(*One of these is held on hospital premises.)
- (ii) Number of sessions 2

C. ARRANGEMENTS WITH GENERAL PRACTITIONERS

None.

D. CHILD WELFARE CLINICS

(i) Number of clinics	....	....	....	....	....	....	5
(ii) Number of sessions held weekly	....	....	....	....	....	....	5

E. DAY NURSERIES

Number	....	....	....	....	....	....	4
Number of places for children	....	....	....	....	....	....	60
						(in each nursery)	
(age group 0-2 years	....	....	....	20 places)			
(„ „ 2-5 „	....	....	....	40 „)			

An endeavour is being made to reduce these numbers in order to conform with the revised standards of spacing and administration as recommended by the Ministry of Health.

F. RESIDENTIAL NURSERIES PROVIDED UNDER MATERNITY AND CHILD WELFARE POWERS

There are no nurseries which have been specifically provided as residential nurseries by this Authority under its maternity and child welfare powers, although it has been necessary for various reasons to accommodate in the day nurseries a certain number of children on a residential basis. The cost of maintenance of these children is excluded from this Authority's claim for grant under Ministry of Health Circular 221/45.

G. MOTHER AND BABY HOMES

None.

H. DENTAL TREATMENT GIVEN IN 1946

Under the present system, expectant and nursing mothers attending the ante- or post-natal clinics and found to be in need of dental treatment, are referred to the dental surgeon at the Warrington General Hospital, while children under the age of five years found to require such treatment are referred to the Dental Officers (School) at the Health Department Clinic.

In this way dental treatment was given to the following cases during the year 1946:—

(i) Expectant or nursing mothers	....	....	....	....	....	46
(ii) Children under five years	....	....	....	....	....	33

There is authority for the provision of artificial dentures to expectant and nursing mothers, but only in one instance were such dentures provided during 1946.

PART II

DESCRIPTION OF THE SERVICES WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY

A. GENERAL ARRANGEMENTS

1. *Administrative Arrangements*

It is anticipated that the existing administrative arrangements will continue to operate on the appointed day, under the direction of the Medical Officer of Health. The medical staff will therefore be:—

Medical Officer of Health.

Deputy Medical Officer of Health.

1 Assistant Medical Officer of Health.

For the clinical work at the various clinics it is intended to employ, in the first instance, an assistant medical officer of health as at present, who will, in the course of time, be entirely separate from child welfare work and will devote herself entirely to obstetrical and gynæcological work.

The Central Ante-natal Clinic will operate as at present, although in the event of more suitable premises being found, the site of the clinic will be moved.

This clinic will, at the outset, be staffed by an assistant medical officer of health, a non-medical supervisor of midwives, and the necessary number of health visitors and/or midwives and pupil midwives, and in the course of time, no doubt after the provision of health centres, general practitioner obstetricians will be incorporated in the Local Health Authority's Service to conduct ante-natal and post-natal clinics, and together with the Assistant Medical Officer of Health and a consultant obstetrician, who should be made available by arrangement with the Regional Hospital Board for domiciliary clinic and hospital purposes in relation to obstetrical and gynæcological work, will constitute a composite obstetrical team.

So long as the shortage of maternity beds continues it will be essential that priority be given to those cases whose condition necessitates hospital care, or whose home conditions are such that it is virtually impossible for the confinement to take place at home.

Some expectant mothers who are desirous of having their confinement in hospital will not attend the ante-natal clinic at the Health Department, but will make direct application to the clinic at the hospital. It is, however, absolutely essential that these applicants be subject to the same rules concerning the allocation of hospital beds as have been applied by this Authority in all cases since the shortage of maternity accommodation became acute, and it is partly for this reason that it will be necessary to discuss with the Regional Hospital Board the arrangements to be made concerning the allocation of hospital beds for maternity cases.

In the new circumstances it is anticipated that most expectant mothers, since they are entitled to a family doctor free of charge, will consult this doctor when they are pregnant. If they do so it is expected that he will:—

- (1) Refer the mother to the Health Department in order that she may be supplied with a midwife.
- (2) Advise her on the selection of a general practitioner obstetrician from the approved list.

Systematic and regular ante-and post-natal care will continue to be undertaken at the ante-natal clinic provided by the Local Health Authority.

It is proposed to maintain standard records which should, in all instances, be interchangeable between the general practitioner and the midwife on the one hand, and the Health Authority on the other.

It is essential that there should be a reciprocal arrangement whereby information will be exchanged between the hospitals in respect of cases confined there and the ante- and post-natal clinics attended by those patients. A system of transfer of patients' records will, therefore, be arranged.

It is intended that the post-natal clinic will operate as at present, though in the light of experience more than one session weekly may be desirable, in which event this would be instituted.

It will be necessary to discuss with the Regional Hospital Board:—

- (1) The terms of inclusion of the Assistant Medical Officer of Health in the obstetrical team.
- (2) The services of the consultant obstetrician and gynæcologist, together with his availability for the practitioner and clinic services, it being considered necessary that his services be available in a domiciliary and clinical capacity at all times during ante-natal, intro-natal and post-natal periods.
- (3) The provision of flying squads and resuscitation teams for immediate summons in obstetrical emergencies at home.

- (4) The constant retention of emergency maternity beds and automatic admission of emergency cases to hospital.
- (5) Inclusion of the Assistant Medical Officer of Health in the pædiatric team. It is proposed to divert one assistant medical officer of health to work solely connected with welfare work of infants and children separated from obstetrical work.

It is proposed to operate infant welfare centres on similar lines to the present system. Five centres will be in operation (as at present) to cover the whole area, and each centre will be open one day per week. These centres are at present situated in halls, which are rented by the Local Authority for this purpose, but which are used for other purposes at other times. It will be necessary to continue this system until more suitable accommodation can be found. It is hoped that it may be possible at some future date to arrange for the provision of district health centres, incorporating infant welfare centres. These would be appropriately situated throughout the area, and would then replace the existing infant welfare centres. The infant welfare centres will be used as at present for giving individual advice to mothers on the preservation of their own health, also that of young children, together with tuition, lectures and demonstrations—generally speaking, as centres of advice, education and propaganda.

In addition to the existing five centres, negotiations are at present proceeding with the object of providing a further centre, making six in all.

2. *Joint Arrangements with other Local Health Authorities*

Arrangements exist at present between this Authority and the Lancashire County Council, Cheshire County Council, Newton-le-Willows Urban District Council and Golborne Urban District Council, whereby expectant mothers from these areas make application for admission to the Warrington General Hospital or the Warrington Maternity Home for their confinement. If this is arranged, the patient continues to attend the ante-natal clinic held either at the Health Department, the Warrington General Hospital or the Warrington Maternity Home. The arrangements do not place any obligation upon this Authority to ensure that hospital accommodation will be reserved and made available for a stated number of patients. Acceptance is dependent upon the availability of beds on the date required subject to similar conditions of priority as are imposed for Warrington cases.

The parts of the area referred to are as follows:—

Lancashire County Council

Padgate	Woolston	Fearnhead
Paddington	Haydock	Rixton
Burtonwood	Glazebrook	Winwick
Parts of Culcheth	Risley	Cuerdley
Sankey	Croft	Bruche
Penketh	Collins Green	Parts of Manchester Road (high numbers)

Cheshire County Council

Stockton Heath	Lymm	Northwich
Walton	Satham	Frodsham
Grappenhall	Hatton	Whitley
Runcorn	Antrobus	Thelwall
Stretton	Little Leigh	Moore
Appleton		

Urban District Council of Newton-le-Willows

Earlestown
Newton-le-Willows
Vulcan
Newton

Golborne Urban District Council

Golborne
Lowton

It is anticipated that this provision will have to continue, modified as to procedure by agreement with the Regional Hospital Board.

3. *Arrangements with Voluntary Organisations*

None.

4. *Liaison with Other Bodies*

Arrangements will be made by negotiation with the Regional Hospital Board or by direct contract with specialists themselves, for the continuation and expansion of the present specialist services.

The services of pædiatrician, ear, nose and throat, orthopædic, opthalmologist, obstetrical and gynæcological specialists, also a consultant physician are contemplated. Cases would be referred to the appropriate specialist as required by the medical officer in charge of the clinic or by general practitioners. The ear, nose and throat arrangements would cover the removal of tonsils. Arrangements would also be made for circumcision to be carried out at the hospital.

B. PARTICULAR ARRANGEMENTS WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY:

1. *Clinics*

(a)	Number of ante-natal clinics	....	....	....	1
	Number of ante-natal sessions	....	....	....	4
(b)	Number of post-natal clinics	....	....	....	1
	Number of post-natal sessions	....	....	....	1
(c)	Number of infant welfare centres	....	....	....	5 (possibly 6)
	Number of infant welfare sessions	....	....	....	5 (possibly 6)

Should a change of local circumstances render it necessary, the above clinics and sessions will be altered in order to ensure that an adequate and efficient service is maintained.

2. *Care of Premature Infants*

All births, together with birth weights, are notified to the Medical Officer of Health, and those babies who weigh under 5½lb. at birth are regarded as premature. These babies are visited by the Non-Medical Supervisor of Midwives, in addition to the midwife, and advice on feeding and general care is given. If the home nursing is not considered satisfactory, hospital treatment is advised.

Special care is devoted to premature babies nursed at home, and hot water bottles and extra clothing are available if required.

If a premature baby is not gaining weight, the midwife is advised to continue in attendance beyond the statutory period until the baby gains weight and shows satisfactory progress. During this period there is constant collaboration between the midwife and health visitor until the baby is transferred to the total care of the latter.

Every endeavour is made to put into effect the recommendations contained in Ministry of Health Circular 20/44.

3. *Dental Care*

Accommodation in the present dental clinic at the Health Department is scarcely adequate to cope with patients other than children (school and pre-school) and is indeed not suitably designed even for this purpose. It will, therefore, be necessary to enter into an arrangement with the Regional Hospital Board for the continued use of the dental clinic at the Warrington General Hospital for the treatment of expectant and nursing mothers.

- (1) (a) Until such time as more suitable accommodation becomes available, it will be necessary to continue, with the consent of the Regional Hospital Board, the present arrangement for the dental treatment of expectant and nursing mothers, i.e., examinations and treatment will be carried out by the Dental Officer at the Warrington General Hospital following notification from the ante- and/or post-natal clinics.
- (b) Examination and treatment will be carried out by the Dental Officer at the School Clinic (at present situated in the Health Department) in the case of all children referred by medical officers, health visitors or from the infant welfare centres or day nurseries. Special attention will be given to conservative treatment for both mothers and children.

Arrangement will be made for dental examinations twice per year of all children in the day nurseries under the control of the Local Health Authority.

- (2) (a) It is not intended, at the outset, to employ any additional dental officers in a full-time capacity on this particular work.
- (b) It will be necessary to utilise the services on a part-time basis of each of the two present dental officers employed in the Dental Clinic at the Health Department. It is anticipated that the total of their time devoted to this work will be the equivalent of four-elevenths of one full-time dental officer at the initiation of the scheme.
(It is not possible to anticipate the extent to which this service will develop and it is proposed to employ an additional dental officer either in a part-time or full-time capacity if such an appointment is, at some future time, considered desirable.)
- (3) It is proposed to hold three sessions per week at the Warrington General Hospital Dental Clinic, by arrangement with the Regional Hospital Board, and one clinic each week at the Health Department Clinic.
- (4) Artificial dentures will be provided in cases where these are required, and in order that this may be achieved, it is proposed to extend the arrangement which now exists between the Local Health Authority and a dental mechanic (not a member of the staff of the Authority) for any dentures or dental repair work.

4. *Supply of Welfare Foods*

The Council propose to distribute, on behalf of the Ministry of Food, those welfare foods which are included in the Government's Welfare Food Scheme, and to arrange for other welfare foods to be supplied where the welfare of expectant or nursing mothers or young children so requires.

5. *Provision of Maternity Outfits*

Maternity outfits will be purchased by the Local Health Authority and be distributed to domiciliary midwives, who will issue them free of charge to expectant mothers under their care.

6. *Nursery Provision*

(a) Day Nurseries

It is intended to continue the scheme operating at the present time.

There are four day nurseries, as detailed under Section E of Part I of this Authority's proposals under Section 22.

As the extent to which nursery accommodation is required is dependent mainly upon woman-power requirements of industry, it is rather difficult to estimate future needs, but no increase, however necessary, appears practicable at the present time. It is, however, proposed to review the needs of the town periodically and make such increases as are found necessary and practicable.

(b) Residential Nurseries

None of the nurseries administered by this Authority have been specifically provided as residential nurseries, though it has been necessary for various reasons to maintain a certain number of children in the day nurseries on a residential basis. This procedure was approved by the Ministry of Health on 28th March, 1946, on the understanding that the maintenance cost of these children be excluded from the Authority's claim for grant under Ministry of Health Circular 221/45. This service will now be provided in discharge of the duties placed on the Council by the Children Act, 1948, and will be administered in the manner provided by that Act and the Regulations made thereunder.

(c) Other Forms of Provision for the Care of Children

A Daily Guardian Scheme has been in operation in this town since 1941, but as it is considered that this has now served its purpose, the scheme is being discontinued.

7. *Care of Unmarried Mothers and their Children*

There are two voluntary organisations in Warrington concerned with the care of unmarried mothers and their children, viz.:—

(1) The Home of the Good Samaritan.

(2) The Warrington Catholic Aid and Rescue Society.

The Home of the Good Samaritan has accommodation in its present premises for 9 mothers and 5 babies, but arrangements are now nearing completion whereby the home will be transferred to more capacious buildings, which are in the ownership of the Local Authority, and will be rented by the Home of the Good Samaritan.

Accommodation will be available in these new premises for 10 mothers and babies, 4 expectant mothers and 4 remand girls.

The Local Health Authority has, in the past, made annual donations, with the approval of the Ministry of Health, to the Home of the Good Samaritan.

The Warrington Catholic Aid and Rescue Society have adapted and equipped a hostel which provides accommodation for 9 mothers and 3 babies.

The outside welfare work in connection with the Home of the Good Samaritan is carried out by the Superintendent, who is specially trained in moral welfare work. Similarly, the outside welfare work of the Catholic Aid and Rescue Society is performed by its missionary.

It is intended that the very useful services made available by these societies will continue to be made use of. Furthermore, priority in the allocation of nursery accommodation is given to the children of unmarried mothers engaged in industry.

PART III

DEVELOPMENT PLAN

Dental Care of Mothers and Young Children

The facilities existing in the Dental Clinic at the Health Department will not be capable of providing dental care for all expectant and nursing mothers and young children.

In order to undertake this work, it will be necessary to provide the following additional accommodation:—

- (a) Surgery, complete with fittings (spittoons, etc., and suitable chair).
- (b) Recovery room, adequately furnished.
- (c) Waiting room with sufficient seating accommodation.
- (d) Lavatory accommodation.

This accommodation will not be available by the appointed day, and under present conditions it is considered impossible to give any reliable indication as to when such suitable accommodation might become available. It is, however, intended that full provision be made for the adequate dental care of mothers and young children in the health centres, to be considered at a future date.

In the meantime, it is proposed to make provision for the dental care of young children at the Dental Clinic at the Health Department and enter into an arrangement with the Regional Hospital Board whereby expectant and/or nursing mothers may continue to receive dental treatment at the Warrington General Hospital.

PROPOSALS FOR CARRYING OUT DUTIES UNDER SECTION 23
OF THE NATIONAL HEALTH SERVICE ACT, 1946

(Approved by the Minister of Health on the 2nd April, 1948)

MIDWIVES SERVICE

PART I

STATISTICAL DATA

Total number of domiciliary births in the Authority's area:—

(a) 1945	....	....	....	....	....	625
(b) 1946	....	....	....	....	....	715

EXISTING SERVICES

The present staff employed in connection with the domiciliary midwifery service consists of:—

- 1 Non-Medical Supervisor of Midwives.
- 6 whole-time domiciliary midwives, 5 of whom are approved teachers for the District Training of pupil midwives.
- 6 independent midwives.

Ante-natal clinics are held as described in detail in the proposals submitted under Part I of Section 22, and it is usual for expectant mothers to book the midwife either at the ante-natal clinic held at the Health Department, or at the home address of the midwife. Expectant mothers are encouraged in the first place to attend the clinic at the Health Department, where they are given instructions concerning their subsequent attendances in accordance with the arrangements made for their confinement, viz.:—

- (a) Patients having their confinement in the General Hospital are advised to attend the ante-natal clinic at the hospital.
- (b) Patients having their confinement in the Maternity Home attend the clinic at the Health Department until the 36th week of pregnancy, after which they attend the clinic at the Maternity Home.
- (c) Patients having their confinement at home are advised to attend the clinic at the Health Department throughout the full period of pregnancy.

The clinic at the Health Department is staffed by the following:—

- Assistant Medical Officer of Health.
- Non-Medical Supervisor of Midwives.
- Health visitor.
- Pupil midwife.

There are two post-natal clinics—one held at the General Hospital and the other at the Health Department. One weekly session is held at each of these.

Each of the present municipal midwives has been trained in the administration of gas and air analgesia, and four of the independent midwives also possess the certificate. Each municipal midwife has been provided with a gas and air machine, and special arrangements have been made for the regular servicing and maintenance of these machines.

Arrangements have been made with the Ambulance Service for the transport of the midwife and the gas and air machines in any case in which the question of transport may be difficult.

A Home Help Scheme is in operation, whereby domestic help may be made available in those cases of domiciliary confinement where the mother is desirous of having domestic assistance in the home.

PART II

DESCRIPTION OF THE SERVICES WHICH WILL OPERATE ON THE APPOINTED DAY

GENERAL ADMINISTRATIVE ARRANGEMENTS

- (1) It is proposed to continue as far as possible (and to supplement if necessary) the existing arrangements and to secure the proper co-ordination between this service and other parts of the National Health Service, by making arrangements with the Regional Hospital Board on the following points:—
 - (a) The method by which institutional accommodation for midwifery cases will be allocated.
 - (b) Arrangements for the transfer of maternity records between the hospital and the ante- and post-natal clinics.
 - (c) The question of the inclusion of the Assistant Medical Officer of Health in the obstetrical team.
 - (d) The continuance in residence in the Nurses' Home of the Warrington General Hospital of pupil midwives during their period of domiciliary training.
- (2) The present midwifery staff directly employed by this Authority is as follows:—
 - 1 Non-Medical Supervisor of Midwives.
 - 6 whole-time domiciliary midwives—5 of whom are approved teachers for the district training of pupil midwives.

It is intended that the number of domiciliary midwives shall, in the course of time, be increased by two whole-time midwives and four part-time midwives (the latter being the equivalent of two full-time midwives) or by four whole-time midwives.

(3) *Particulars of Arrangements proposed to be made with Voluntary Organisations or Other Bodies*

It will be necessary to discuss and arrange with the Regional Hospital Board for the continuation of the existing arrangements concerning the training of pupil midwives for Part II of the examination for the Certificate of the Central Midwives Board.

This training is at present carried out in conjunction with the Warrington General Hospital, and the scheme provides for the pupils spending three months in the hospital and three months on the district, during which time they reside at the hospital, but receive instruction from the Non-Medical Supervisor of Midwives and a domiciliary midwife, who is an approved teacher.

(4) *Particulars of Joint Arrangements with other Local Health Authorities* None.

ARRANGEMENTS FOR THE SUPERVISION OF MIDWIVES

The supervision of all domiciliary midwifery will continue to be carried out by the Non-Medical Supervisor of Midwives, who will (as at present) attend all ante-natal clinics for domiciliary births.

The Supervisor is also responsible for the district training of pupil midwives, is the approved teacher, and gives the necessary theoretical tuition as laid down by the Central Midwives Board for pupils taking Part II of the examination.

In view of the fact that this Authority already employs a Non-Medical Supervisor of Midwives and a Superintendent of Health Visitors, it does not contemplate the appointment of a superintendent nursing officer. It is felt sure that the efficient co-ordination of the midwifery, health visiting and home nursing services will be equally well achieved by the continuation of the present degree of co-operation which exists between the Non-Medical Supervisor of Midwives and the Superintendent of Health Visitors.

The whole of the midwifery service will be supervised in a general way by the Medical Officer of Health.

TRANSPORT

Each municipal midwife is provided with a bicycle, and in addition, arrangements exist with the Corporation Transport Department whereby midwives are supplied with "tokens", which enable them to travel free on the Corporation buses.

Special arrangements have been made with the Municipal Ambulance Service for the transport of the midwife and the gas and air analgesia machine in any case where the question of transport gives rise to any difficulty.

These arrangements will continue.

HOUSES FOR MIDWIVES

This is a matter which has been given the most careful consideration by this Authority, but unfortunately the present acute housing shortage in this town, together with the Council's strict adherence to the accepted "points" system in regard to the granting of the tenancy of Corporation houses, has presented the allocation of houses to midwives.

GAS AND AIR ANALGESIA

Each of the present six municipal midwives has been trained in the administration of gas and air analgesia, and four of the independent midwives possess the certificate. The Council propose to provide for the training in the use of approved methods of analgesia of all domiciliary midwives who are not already so trained.

Each municipal midwife is provided with a gas and air machine, and arrangements exist for the regular servicing and maintenance of these machines.

Special arrangements have been made with the Municipal Ambulance Service for the transport of the midwife, together with the gas and air machine, in all cases in which there is any transport difficulty.

Every effort is made to familiarise patients with the use of the gas and air analgesia machines, and in this connection demonstrations are conducted at monthly intervals by the Non-Medical Supervisor of Midwives at the ante-natal clinic held at the Health Department.

A medical certificate of fitness for gas and air analgesia is required to be given within one month of the expected date of confinement in all cases where the mother expresses a desire for this form of analgesia.

PART III

DEVELOPMENT PLAN

(a) *Staff*

It is anticipated that following the commencement of the free midwifery services under the National Health Service Act, there will be an increased demand upon the services of the municipal midwives and a corresponding decrease in the calls made upon the services of the independent midwives. It is therefore estimated that this increase will necessitate the appointment of an additional four full-time municipal domiciliary midwives or two full-time and four part-time midwives (the latter to be the equivalent of two full-time).

(b) *Houses for Midwives*

Suitable housing accommodation is required for one of the present municipal domiciliary midwives and will, in all probability, be required for any additional appointments. This subject has already been fully considered by this Authority but unfortunately, the present acute housing shortage in this town prevents the early allocation of houses to midwives.

(c) *Clinic Premises*

The Central Ante-natal Clinic is not considered to be satisfactory from an administrative point of view because of its design and limited accommodation but it will be necessary to continue as at present until such time as more suitable premises might become available, in which event the site of this clinic would be moved. At the same time it is being borne in mind that at some future date local circumstances might show that it may be more desirable to decentralise the clinic to district health centres. This, however, is a point upon which it is impossible to give an opinion at this stage.

This clinic will, at the outset, be staffed by an assistant medical officer of health, a non-medical supervisor of midwives, and the necessary number of health visitors and/or midwives and pupil midwives, and in the course of time no doubt after the provision of health centres, general practitioner obstetricians will be incorporated in the Local Health Authority's Service to conduct ante-natal and post-natal clinics, and together with the Assistant Medical Officer of Health and a consultant obstetrician, who should be made available by arrangement with the Regional Hospital Board for domiciliary clinic and hospital purposes in relation to obstetrical and gynaecological work, will constitute a composite obstetrical team.

PROPOSALS FOR CARRYING OUT DUTIES UNDER SECTION 24
OF THE NATIONAL HEALTH SERVICE ACT, 1946

Approved by the Minister of Health on the 28th May, 1948)

HEALTH VISITING

PART I

STATISTICAL DATA

(1) Area in square miles of Local Health Authority's area	7.07
(2) Total mid-1946 population	76,040
(3) Number of births in 1946	1,657

EXISTING SERVICE

Staff

- 1 Superintendent of Health Visitors (and School Nurses).
 - 2 whole-time health visitors.
 - 8 health visitors doing combined duties of health visitor and school nurse.
(Equivalent of four whole-time health visitors.)
- This staff is employed directly by the Local Health Authority.

Duties

- (1) Attendance at ante-natal and post-natal clinics.
- (2) Attendance at infant child welfare centres.
(Health talks and general advice given during these sessions on the care of the expectant mother, nursing mothers and young children.)
- (3) Attendance at ear, nose and throat clinics.
- (4) Visits to expectant mothers (excluding midwives' patients) for the purpose of giving advice on the pre-natal care and preparation for the arrival of the baby.
- (5) Visiting all mothers and babies on the 14th day after birth and thereafter at monthly intervals for the purpose of advising on the care of young children. Children over the age of one year are visited at three-monthly intervals.
- (6) Visits to foster homes in relation to the supervision of foster children.
- (7) Initial visit to prospective adopters regarding the suitability of the home. If the home is approved, subsequent visits are paid during the probationary period.
- (8) Visits to the homes in which there is a notifiable disease, for the purpose of giving advice regarding the prevention of spread of the disease.
- (9) Arrangements for the treatment of cases of scabies and any contacts.
- (10) Enquiries concerning still-births and infant deaths.
- (11) Supervision of children cared for under the "Daily Guardian" Scheme.
- (12) Regular visits to day nurseries.

PART II

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY

GENERAL ADMINISTRATIVE ARRANGEMENTS

1. In pursuance of the Act the scope of the scheme will be the visiting of persons in their own homes for the purpose of giving advice as to the care of young children, persons suffering from illness, and expectant and nursing mothers, and as to the measures necessary to prevent the spread of infection. Regard will be had to the requirements of Section 79 of the Act, which defines "illness" (in reference to the health visitor's duty concerning the giving of advice as to the care of persons suffering from illness) as including mental illness and any injury or disability requiring medical or dental treatment or nursing.

2. It is proposed to increase the present staff, as shown in the details concerning the existing service, to the following:—

1 Superintendent of Health Visitors.

2 whole-time health visitors.

14 part-time health visitors (the equivalent of 7 whole-time).

The whole of this staff will be employed directly by the Local Health Authority.

3. It is not proposed to make any arrangements with voluntary organisations.

4. It is not proposed to enter into any joint arrangements with other Local Health Authorities.

TRANSPORT

It is not proposed to make any special arrangements with regard to the transport of health visitors, as it is considered that the transport facilities provided by the Corporation Transport Department are adequate.

An arrangement exists with the Municipal Transport Department whereby health visitors are supplied with "tokens" which permit them to travel on the Corporation buses free of charge.

PART III

DEVELOPMENT PLAN

It is considered that the present service, if increased by the appointment of an additional six part-time health visitors (the equivalent of three whole-time health visitors) will be adequate for meeting the requirements of the service on the appointed day. An endeavour will be made to obtain the additional staff required by means of advertisements in the appropriate professional journals and the lay press. Such additional appointments as may prove to be required by the needs of the service will also be made.

PROPOSALS FOR CARRYING OUT DUTIES UNDER SECTION 25
OF THE NATIONAL HEALTH SERVICE ACT, 1946

(Approved by the Minister of Health on the 13th April, 1948)

HOME NURSING

PART I

1. Area in square miles of the Local Health Authority's area	....	7.07
2. Total mid-1946 population	....	76,040

PART II

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON
THE APPOINTED DAY

GENERAL ADMINISTRATIVE ARRANGEMENTS

1. It is proposed that the Local Health Authority contracts with the existing Warrington District Nursing Association for the provision of a general service of nurses for all persons within the district who require domiciliary nursing.

The nursing staff of the Association consists of:—

1 Superintendent.

1 Assistant Superintendent.

14 whole-time nurses.

The general supervision of the arrangements would remain with the Superintendent, who would be designated Superintendent of Home Nursing, and would work as agreed between the Association and the Authority under the direction of the Medical Officer of Health, who would act as medical director to the Association.

It is considered that the present staff employed by the District Nursing Association would be sufficient to cope initially with all requirements for a day and night service of home nursing, but, if, at some future date, it is found by experience that the present staff is insufficient, steps will be taken for it to be increased, either by means of trained district nurses or by assistant nurses working under the supervision of the trained staff, and if necessary, supplemented by male and part-time nurses.

The district nurses would continue to occupy their present accommodation, which permits of no enlargement of staff. If there is an increment in the work of the Association with which the present staff could not cope, additional accommodation for extra staff would have to be provided, although it is, at present, not possible to say in what form.

It is proposed to operate the service with the existing whole-time staff (employed by the Nursing Association), viz.:—

1 Superintendent

1 Assistant Superintendent.

14 nurses.

The District Association would continue under the immediate direction of its own Management Committee, to which, however, would be elected, for the first period, six representatives of the Local Statutory Health Committee. In addition, the Medical Officer of Health would be invited to all Committee meetings of the District Nursing Association.

The service to be provided by the Voluntary Association will be provided on such terms financial and otherwise as may be agreed from time to time.

These arrangements will be reviewed at the end of the first year, and periodically thereafter.

2. It is not proposed that the Authority should employ district nurses direct, as it is intended that the requisite staff will continue to be employed by the District Nursing Association.

3. It is intended to enter into an arrangement with the Warrington District Nursing Association as outlined in No. 1 above.

4. It is not proposed to make any joint arrangement with other Local Health Authorities.

TRANSPORT

All members of the nursing staff of the District Nursing Association are provided with bicycles. The area of this Local Authority is not a very extensive one, and this means of transport has proved to be entirely satisfactory, and will therefore be continued.

PART III

DEVELOPMENT PLAN

It is considered that the present service provided by the Warrington District Nursing Association and revised in the manner outlined in these proposals will be adequate to meet the needs of the area.

So far as can be foreseen at the present time, the only deficiency which may arise would be in regard to the number of nursing staff. If experience shows that the service is deficient in this respect, steps will be taken for this to be remedied by the recruitment of additional nursing staff in the manner indicated in Part II of these proposals.

PROPOSALS FOR CARRYING OUT DUTIES UNDER SECTION 26
OF THE NATIONAL HEALTH SERVICE ACT, 1946

(Approved by the Minister of Health on the 3rd April, 1948)

VACCINATION AND IMMUNISATION

PART I

STATISTICAL DATA

1.	Total mid-1946 population of County Borough of Warrington	....	76,040
2.	Mid-1946 child population of area:—		
	(a) Under 5	....	6,520
	(b) Ages 5–15	....	11,640
3.	Number of registered live births in:—		
	(a) 1945	....	1,409
	(b) 1946	....	1,644
4.	Estimated percentage of mid-1946 child population who had been immunised against diphtheria up to 31st December, 1946:—		
	(a) Under 5	....	60%
	(b) Ages 5–15	....	50%
5.	Estimated number of vaccinations against smallpox and immunisations against diphtheria of children aged 0–15 years which are likely to be undertaken in the year to 31st March, 1949:—		
	(a) Vaccinations	....	1,000
	(b) Diphtheria immunisations	....	2,000

PART II

DIPHTHERIA IMMUNISATION

A. Children under 5

- (a) Special inoculation sessions will be held in conjunction with the infant welfare clinics. Mothers attending these clinics will be urged to have their children protected against diphtheria. This method is at present in operation. In addition, arrangements will be made whereby general practitioners performing individual immunisations will receive a fee on receipt of information regarding such immunisations when notified to the Medical Officer of Health in a prescribed form, antigen being supplied to them free of charge.
- (b) At each infant welfare centre a regular immunisation session will be held, the times being clearly advertised, such sessions being part of the clinics held on certain days to obviate the mother making extra visits.
- (c) Health visitors, on their routine visits to infants, and all other persons whose duties afford them appropriate opportunity, will stress the importance of immunisation and urge the mother to attend the clinic and to have the baby protected either there or by the private doctor. Mothers attending all clinics and taking children to the day nurseries will be similarly encouraged. The assistance of general practitioners in maintaining a continuous propaganda campaign will also be requested. Health visitors will also be responsible for collecting forms of consent from the parents, and for keeping such note with regard to children under school age in their respective districts of duty as will enable the health visitors to carry out this part of their work systematically.

- (d) & (e) All notices advertising and giving times of clinics will include details of immunisation clinics. Other methods of publicity which will be used are articles and advertisements in local newspapers, exhibition of posters in clinics and other public buildings, and the use of birthday cards on the first anniversary.

B. *Children of School Age*

- (a) At the routine examination of entrants at the school medical inspection, enquiry will be made into the child's state of immunisation. If not already protected, immunisation will be urged.
- (b) Regular immunisation sessions will be held in each school and facilities will be provided for immunisation in individual cases by general practitioners taking part in the Authority's scheme.
- (c) Teachers will be requested to participate in a continuous propaganda campaign within the schools, advocating to children and parents alike the importance of immunisation. At the school clinic similar propaganda will be undertaken.
- (d) & (e) Advertising will be carried out as in the case of infants.
- (f) Reinforcing injections will be offered at the first immunisation session following a child's entrance into a school.
- (g) Talks and addresses will be given to various groups and associations by selected members of the Local Health Authority's medical and nursing staff.

C. *Records and Payment of Fees*

The Local Health Authority will require medical officers and general practitioners taking part in its arrangements to furnish particulars for record purposes in such standard form as may be recommended by the Ministry. On the basis of receiving such particulars the Local Health Authority will pay fees to general practitioners on such scales, according to circumstances, as are agreed upon between the Ministry and the profession.

D. *Medical Arrangements*

The Local Health Authority will give an opportunity to every practitioner providing general services in their area under Part IV of the Act to provide services also under their arrangements for diphtheria immunisation. This opportunity will also be given to general practitioners who do not intend to provide services under Part IV.

The Local Health Authority will make all necessary use of the services of its own medical officers in administering its arrangements and in the carrying out of immunisation at clinics or other centres.

SMALLPOX

A. *Infant Vaccination*

- (a) The Local Health Authority will make arrangements for the performance of infant vaccination in individual cases by general practitioners taking part in the Authority's scheme. It will also make arrangements, if necessary, for special sessions for infant vaccination to be held at child welfare clinics or other centres. The Authority will take steps to ensure that the advisability of infant vaccination is brought to the notice of parents of newly born children.
- (b) If sessional arrangements are found to be required they will be made in the light of local needs and circumstances.
- (c) The Authority will expressly urge midwives and health visitors in particular, and all other persons whose duties afford them appropriate opportunity, to encourage infant vaccination: and will make administrative arrangements with a view to relating the action taken towards securing vaccination to the registration of births.

- (d) The Authority will keep the public constantly informed of the facilities provided for free vaccination.
- (e) The Authority will adopt such measures of health education in the matter of infant vaccination as may be appropriate, and will in this respect have regard to such advice as may be given by the Minister.

B. Records and Payments of Fees

The Local Health Authority will require medical officers and general practitioners taking part in its arrangements to furnish particulars for record purposes in such standard form as may be recommended by the Ministry. On the basis of receiving such particulars the Authority will pay fees to general practitioners on such scales, according to circumstances, as are agreed upon between the Ministry and the profession.

C. Arrangements in the Event of an Outbreak of Smallpox

If necessary, to meet a large emergency demand for vaccination (or re-vaccination), the following arrangements will be made:—

By publicity in newspapers, on cinema screens, by posters, handbills and loud-speaker vans, everyone will be offered vaccination. Centres will be set up where anyone can be immediately vaccinated.

The centres will be sited in various parts of the town and be clearly marked. Premises at present used for infant welfare clinics will largely serve for this purpose.

There are five of these, situated as follows:—

Thewlis Street School.

Adult School, Folly Lane, Bewsey.

Ashton Hall, Dial Street.

Wash Lane, Latchford.

Parochial Hall, Lindley Avenue, Latchford Estate.

Furthermore, permission will be sought for the establishment of vaccination centres in the out-patients departments of the two local general hospitals and such other premises within the town as might be found convenient and available at the time.

The Local Health Authority will supply lymph to general practitioners for the purpose of carrying out vaccinations.

D. Medical Arrangements

The same arrangements will apply as referred to under the heading of medical arrangements regarding diphtheria immunisation.

PROPOSALS UNDER SECTION 27 OF THE NATIONAL
HEALTH SERVICE ACT 1946

(Approved by the Minister of Health on the 13th April, 1948)

AMBULANCE SERVICE

PART I

1. Total mid-1946 population of the County Borough of Warrington: 76,040
2. Area of the County Borough of Warrington: 4,532 acres (7.07 sq. miles)
3. EXISTING AMBULANCE SERVICE

(a) District served is that lying within the boundaries of the County Borough. There is also an agreement with Warrington Rural District Council to transport cases in that district adjoining the County Borough.

(b) Number of Ambulances 4

Types—

1 Austin 1934—In poor general repair and in need of replacement; estimated date of replacement, April, 1948.

1 Austin 1940—Good condition; estimated date of replacement, 1951.

1 Ford V8 1934—In fair repair but needs reconditioning; estimated date of replacement, 1949.

1 Austin 1932—At present being reconditioned; estimated date of replacement, 1950.

One new Bedford ambulance is on order, but delivery is not expected before April, 1948.

(c) Number, type and carrying capacity of existing sitting-case cars: None.

(d) Number, type and carrying capacity of other vehicles (if any): No other types of vehicle employed.

(e) Ambulance stations

(1) Warrington General Hospital (3 ambulances).

(2) Health Department, Sankey Street, Warrington (1 ambulance).
Both Stations are under the control of the Medical Officer of Health. There is no joint user.

(f) Servicing and Maintenance Arrangements

All servicing and maintenance is carried out at the ambulance stations by the drivers under the supervision of a foreman-mechanic, except for major repairs, which are carried out by the local agents of the makes of the vehicle concerned.

(g) Staff

There is a foreman-mechanic and 17 full-time drivers (14 at the General Hospital and 3 at the Health Department). All 14 at the General Hospital can act as drivers or attendants, being either qualified in first-aid or at present undergoing training; the 3 at the Health Department being drivers only. Of these 3 drivers, one is the official driver, the other 2 acting only as relief on occasions.

There is no part-time or voluntary staff.

(h) Number of calls in the 12 months January to December, 1946: 3,750.

(i) Total mileage run in the 12 months January to December, 1946: 32,615 miles.

PART II

1. SERVICE WHICH WILL OPERATE FROM THE APPOINTED DAY

(a) *Co-ordination of Existing Services*

All the services will be operated by the Local Health Authority as at present.

As the Ambulance Station is situated within property belonging to the General Hospital, an arrangement with the Regional Hospital Board will be necessary for its continued use.

(b) *Redistribution and Augmentation of Existing Resources*

The ambulance stationed at the Health Department is at present used only for infectious or tuberculous cases. Under the new arrangements this will be stationed at the Ambulance Station at the General Hospital, the accommodation at the Health Department ceasing to be used as an ambulance station.

This arrangement will provide 4 ambulances centrally situated to provide services for the area.

(c) *Consultation with Other Local Health Authorities in regard to joint Arrangements*

There is an agreement with Warrington Rural District for the supply of ambulances if needed to their area adjoining the County Borough of Warrington. This arrangement will continue as the area supplied is geographically part of Warrington and agreement has been reached with the Lancashire County Council.

The Council have agreed to supply an ambulance service to the Cheshire County area adjoining the County Borough. In addition arrangements will be made with adjoining Authorities for providing mutual assistance in boundary areas and in emergency.

(d) *Staff*

Administration is at present carried out from the Health Department, and this will be continued, the amount of administrative work not justifying a whole-time staff.

As it is not proposed to conclude any agency agreements, there will be no staff from such sources.

The Local Health Authority will employ a foreman-mechanic and and 15 full-time drivers, who can also do duty as attendants as required.

The Council will make arrangements for securing that, as far as possible (i) all ambulance drivers and attendants shall hold the first-aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association, or such other first-aid qualification as may be approved or prescribed by the Minister of Health; (ii) all such drivers and attendants shall be so trained as to be interchangeable in their duties.

(e) *Maintenance and Servicing*

It is proposed to continue the arrangements for servicing and maintenance of the vehicles at the commercial garages already used, as priority, so far as is practicable, is already given to work on ambulances

(f) *Conveyance of Patients by Railway*

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Authority propose to arrange accordingly.

(g) *Call-out Arrangements*

The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County Borough informed of the action to be taken to call an ambulance.

2. DEVELOPMENT PLAN

In order to provide adequately for the conveyance, where necessary, at any time of the day or night, of persons suffering from illness (as defined in Section 79 (1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County Borough to places in or outside the County Borough and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service will comprise a total of 4 to 5 ambulances, not more than 2 sitting-case cars, and 15 to 18 drivers and attendants. The requirements of the ambulance service will be kept under constant review, and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances, sitting-case cars and staff.

PROPOSALS FOR CARRYING OUT DUTIES UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946

(Approved by the Minister of Health on 12th May, 1948)

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

PART I

A. TUBERCULOSIS

Dispensary

In connection with the Authority's functions under Section 28 regarding prevention of tuberculosis and the care and after-care of persons suffering from it, the Authority will co-operate with the Regional Hospital Board, and will seek to make arrangements with the Board for the joint appointment of medical specialists concerned with diagnostic and curative work under the Board and in preventive and care work under the Authority; and for the staff of the Authority who visit the tuberculous in their homes to work in co-operation with the medical specialists at the dispensary.

Workshops, Settlements, etc.

There are some 20 male patients who have been discharged from the Warrington Sanatorium after having completed a satisfactory period of treatment, but who would benefit from sheltered employment.

In addition, there are, at the present time, three ex-Service patients whose physical and economic conditions warrant settlement treatment.

These numbers obviously do not justify the establishment of such facilities by this Authority, but it is proposed that arrangements be made elsewhere for the treatment of such cases.

Night Sanatoria

The Local Authority does not contemplate the provision in this town of night sanatoria in view of the very small number of patients suitable for such accommodation.

Care Committee

No Care Committee exists at present but it is now proposed to institute one to operate under the general direction of the Local Health Authority. Arrangements will be made, through the Care Committee, for affording all necessary care and after care to persons suffering from tuberculosis and their families in general accordance with the functions of a care and after-care organisation as described in Ministry of Health Circular 118/47 (paragraph 42).

At the present time, domiciliary visiting of tuberculosis patients is undertaken solely by the tuberculosis visitor, but in view of the proposed extension of duties to be undertaken by health visitors (who, after the appointed day, will be concerned with the health of the household as a whole), it is intended that the services of health visitors should be utilised in conjunction with those of the tuberculosis visitor.

Return of Patient to Employment

Special care is taken to ensure, so far as is possible, that patients discharged from the sanatorium do not return to work of a nature which is likely to cause a relapse in the condition of the patient. Enquiries are made regarding the type of work undertaken by the patient, and in the event of this being considered unsuitable, the co-operation of the employer is sought with a view to more suitable work being found for the patient.

This close supervision of patients returning to employment will continue to be carried out at the tuberculosis dispensary, in co-operation with the Ministry of Labour and National Service, local industrialists, and trade union officials.

B. MENTAL ILLNESS OR DEFECTIVENESS

It is proposed to employ on this work two authorised officers, both of whom will be engaged whole-time in the Mental Health Service, working under the medical direction of the Medical Officer of Health and one of his assistant medical officers.

Domiciliary care and after-care will be carried out by specially trained health visitors, working in a part-time capacity, assisted and advised by a whole-time psychiatric social worker.

Domiciliary teaching will be undertaken by the authorised officers, who will be full-time mental health workers.

There is at present one occupational centre in this town for mental defectives, and it is proposed that this be taken over by the Local Health Authority and expanded in order to provide occupational therapy for mental defectives.

Specialist psychiatric services will be arranged on a part-time basis, using the services of a psychiatrist employed by the Regional Hospital Board.

C. OTHER TYPES OF ILLNESS (OR ILLNESS GENERALLY)

If full advantage is to be taken of all the services to be made available by the different branches of the National Health Service, not only in the interest of the individual patient but of the community as a whole, it will be necessary for arrangements to be made concerning the following points:—

- (a) There should be a closer collaboration between the general practitioners and the Medical Officer of Health, with the object of arranging for a freer interchange of information, also a closer contact between the general practitioners and the midwives, health visitors, tuberculosis visitors and home nurses.
- (b) Arrangements between the Regional Hospital Board and the Local Health Authority for a more systematic supervision of cases requiring continuous treatment of an out-patient nature following discharge from hospital. It is considered that any benefits derived from hospital treatment might easily be negated as a result of inadequate supervision after discharge from hospital. This applies particularly to those cases requiring special forms of treatment, e.g., diabetes, mellitus and pernicious anæmia.
- (c) More comprehensive field research should be undertaken into the conditions giving rise to disorders which are generally accepted as being of common occurrence, e.g., common cold and appendicitis, and are, therefore, not usually investigated with that degree of thoroughness which, if carried out, might result in the cause of the illness being revealed.
- (d) Similarly, there will be more intensive and complete investigation by sanitary inspectors, working under the general direction of the Medical Officer of Health, into sanitary circumstances and general environmental conditions in cases of sickness. Information obtained will, of course, be made available to all concerned with the care of the patient and the prevention of any possible spread of the disease.
- (e) Experience has proved that certain ailments respond more readily to one particular form of treatment, i.e., in such cases as scabies and pediculosis capitis. Arrangements will, therefore, be made with the object of achieving a greater degree of uniformity of treatment in these known cases.

- (f) Arrangements will be made for an extension of existing measures adopted in connection with health education. This will be achieved by means of simple lucid talks and demonstrations on all aspects of infant welfare, diet, pregnancy and parent-craft. Topical articles concerning health education will also be published in the local lay press, and steps will be taken to educate parents in the early detection of children's ailments, particularly those requiring the isolation of the child.

All the measures at present taken for the prevention of illness and the preservation of the health of the community will be maintained, and as far as possible, improved, expanded and intensified.

- (g) Active propaganda will be continued in regard to venereal diseases, and the follow-up of contacts will be carried out by liaison with the medical officer in charge of the Venereal Diseases Clinic (by arrangement with the Regional Hospital Board).
- (h) The arrangements to be made in this part (C) of the proposals will be such as will lie outside the scope of the hospital and specialist services and of the scope of provisions of Part III of the National Assistance Act.

D. PROVISION OF NURSING EQUIPMENT AND APPARATUS

Arrangements will be made whereby articles of sick room equipment (bed pans, urinals, mackintosh sheeting, feeding cups, sputum flasks, sputum boxes (to be destroyed after use), douche cans, steam kettles, inhalers, air rings, bed cradles, water beds, etc.) required by patients who are being confined or nursed at home, may be obtained on loan from a central depot.

PROPOSALS FOR CARRYING OUT DUTIES UNDER SECTION 29 OF THE NATIONAL HEALTH SERVICE ACT, 1946

(Approved by the Minister of Health on the 26th May, 1948)

DOMESTIC HELP

PART I

STATISTICAL DATA

(1) Area in square miles of Local Health Authority's area	....	7.07
(2) Mid-1946 population	.... .... .... ....	76,040

EXISTING SERVICE

Home Helps

A Home Help Scheme, on the lines indicated in Ministry of Health Circular 2729, dated 23rd November, 1942, was inaugurated in April, 1946.

This scheme was introduced as a part of the Domiciliary Midwifery Service and had, as its object, the provision of domestic help for mothers whose confinement was to take place at home. The following is a brief description of the manner in which the scheme has been operated:—

- (1) The scheme is made known to all mothers attending the ante-natal clinics and to others through the medium of the midwives.
- (2) Requests for the services of a home help are followed up by an enquiry being made into the financial circumstances of the mother.
- (3) An assessment is made of the proportion of the cost to be borne by the mother—this calculation being based on the method and in accordance with the scale suggested by the Ministry of Health in Circular 110/46. The mother is then informed as to the amount she will have to pay for the services of a home help during the confinement period (usually two weeks).
- (4) The home help is paid by the Local Authority at the rate of 1s. 6d. an hour for the actual number of hours worked (including travelling time), and a record of this time is kept by the Non-Medical Supervisor of Midwives, after having been verified by the mother.
- (5) At the conclusion of the confinement period, a final assessment is made, based upon the number of hours worked by the home help, and the Borough Treasurer is then asked to forward an account to the mother and recover from her the requisite amount of the assessment.

There has been little demand for this home help service. A record is, however, maintained of names and addresses of suitable persons upon whom we may call as requests are received for the services of home helps.

This scheme is supervised by the Non-Medical Supervisor of Midwives.

Domestic Helps

A demand for the services of domestic helps, i.e., assistance in the home in cases other than domiciliary confinements, has never arisen in this area, although provisional arrangements have been made to operate a domestic help scheme in a similar manner to that existing for home helps, with the exception that it would be supervised by the Superintendent of Health Visitors instead of the Non-Medical Supervisor of Midwives.

PART II

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY

GENERAL ADMINISTRATIVE ARRANGEMENTS

- (1) Arrangements are now being made with the object of setting up a new domestic help service consisting of a full-time organiser, a home visitor and 30 domestic helps initially. The domestic helps will be employed whole-time or part-time according to their availability, the intention being to employ about 10 whole-time and 20 part-time if possible. In the light of experience it may be necessary to review the number of staff, but initially the aim will be to commence the service with 30, expanding as required. The service will be operated in co-operation with the W.V.S.

The organiser will be in charge of the scheme and will be responsible for conducting the recruitment campaigns and of the administrative aspects associated with the operation of the scheme.

The home visitor will be employed in the supervision of the work carried out by the domestic helps in the homes, and would also report on the continuing need for the provision of a domestic help in any particular case.

The amount of clerical work involved in the operation of this scheme will also require the services of a full-time clerk.

Owing to the very circumscribed area and the efficient existing public transport service, it will not be necessary to provide any form of conveyance for any of the staff employed in the scheme.

In order to aid recruitment and raise the status of the service, an indoor uniform, in the form of an overall, will be provided, together with an outdoor uniform hat and coat.

It is not, at the present time, intended to pay a retaining fee in the case of part-time domestic helps, but in the event of recruiting being difficult, consideration will be given to the question of the payment of a retaining fee as an additional inducement.

It is suggested that the charge to be made when the full cost of the service is to be borne by the applicant should be 2s. per hour which would cover part at least of the cost of administration.

In other cases, the amount to be paid by the applicant will be assessed in accordance with the scale of assessment at present in use. This is the scale suggested in Ministry of Health Circular 110/46'

General practitioners will be given particulars of the scheme and will be requested to co-operate in the selection of patients whose circumstances appear to warrant help by notifying them to the Medical Officer of Health, also by forwarding to the Medical Officer of Health particulars of any woman whom he may approve for enlistment as a domestic help.

- (2) It is not proposed to make any special arrangements for rural parts of the area.
- (3) It is not proposed to make any joint arrangements with other local authorities.

PART III

DEVELOPMENT PLAN

Any deficiencies in the services described in the proposals submitted under Part II will, in all probability, not become apparent until some time after the "appointed day", but so far as can be foreseen at the present time the only deficiency that would arise would be due to an unexpected demand for domestic helps, together with a poor response to the recruitment campaign. Every effort would, however, be made to recruit sufficient domestic helps to meet the demand for them.

NATIONAL HEALTH SERVICE ACT, 1946 — SECTION 51

PROPOSALS FOR CARRYING OUT OF DUTIES UNDER LUNACY
AND MENTAL TREATMENT ACTS & MENTAL DEFICIENCY ACTS

(Approved by the Minister of Health on the 28th June, 1948)

MENTAL HEALTH

PART I

STATISTICAL DATA

Population of the are (mid-1946)	76,040
(a) Number of patients at present chargeable to the Local Authority under the Lunacy and Mental Treatment Acts	254
(b) Number of patients dealt with under those Acts by the Relieving Officer in the area in the year 1946	75
(c) Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts in the course of the year 1946	7
(d) Number of persons reported to the Local Authority as mentally defective during the year 1946	7

PART II

PROPOSALS

A. General

1. It is intended that the service shall operate under the control of the Medical Officer of Health and shall consist of the Medical Officer of Health and one of the medical officers on his staff who has had special training in dealing with mental defectives.

It is proposed to employ two full-time authorised officers, who would also be full-time workers in the Mental Health Service. One of these authorised officers is at present a relieving officer of experience in these matters to be transferred to the Mental Health Service. As the second authorised officer, there will be employed a specially trained person who will also undertake the clerical or outdoor duties in connection with the Mental Health Service. Two extra authorised officers will also be trained to act in case of absence of either of the aforementioned full-time workers. These reserve authorised officers will be drawn from members of the Local Health Authority's staff not necessarily engaged on other aspects of mental health work.

A Mental Health Sub-Committee will be appointed to deal with the Mental Health Services of the Authority.

B. Medical

2. It is proposed to employ in the service two part-time medical officers with experience in mental deficiency work. These officers will probably be the Medical Officer of Health and one of his assistants, who will be employed part-time on this work.

It is proposed to obtain the part-time services of a psychiatrist with special knowledge and experience in mental deficiency to act in an advisory and clinical capacity by arrangement with the Regional Hospital Board.

C. Non-Medical

3. Four whole-time non-medical persons will be employed in the Mental Health Service, a psychiatric worker, a mental health worker, and two authorised officers, but initially it is proposed to obtain the service of a psychiatric social worker on a part-time basis by arrangement with the Regional Hospital Board.

The care and after-care of persons suffering from mental illness or mental defectiveness and living in domiciliary care will be carried out by the psychiatric social worker, mental health worker, authorised officers or by certain health visitors already on the Authority's staff. These health visitors will be selected on account of their special abilities and aptitude for the work and will undergo a special course of training. The health visitors will be employed part-time on this work.

No other joint user of non-medical officers is contemplated.

4. (1) There will be four authorised officers—two engaged whole-time in the Mental Health Service and two for relief work in the event of the absence of the former. Of the whole-time mental workers so employed, one will be a relieving officer of experience, transferred to the Mental Health Service, and the second will be specially trained to act as an authorised officer and employed for the remainder of his time on clerical duties. The two relief authorised officers will be drawn from suitable members of the existing Local Health Authority's staff.

In the light of experience, the number of full-time mental health workers will be increased if this is found necessary.

- (2) The authorised officers will operate from the Health Department of the Local Health Authority. A duty roster will be maintained to provide a 24-hour service and general practitioners will be notified as to the means of obtaining the services of an authorised officer.

5. For the training of mental defectives, it is proposed to take over the occupational centre situated in Cairo Street, Warrington. This centre at present functions in a Methodist chapel and this scheme will be continued until more suitable premises can be provided. The staff will consist of the present Supervisor and Assistant Supervisor, together with domestic assistance. The number of workers will be adjusted to suit the number of patients.

It will be part of the duties of the mental health workers to undertake the domiciliary teaching in the limited number of cases requiring such treatment in this town. These workers will operate in close co-operation with the occupational centre.

D. Ambulance Service

6. It is intended to utilise the existing services provided by the Local Authority's Ambulance Service.

Arrangements would be made for the securing of a suitably trained person from the mental hospital or mental deficiency institution for the purpose of accompanying the patient in the ambulance.

STUART F. ALLISON,

Medical Officer of Health, Warrington.